

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

March 13, 1993



## ANTIOXIDANTS, FREE RADICALS AND HEALTH

New research indicates that some vitamins may have a role beyond preventing the traditional problems associated with deficiency. Beta Carotene, Vitamin C and E, may help us to protect our bodies from potentially harmful free radicals and may help in the long term maintenance of health.



ROCHE NICHOLAS  
CONSUMER HEALTHCARE

## Branch reps ask if RPSGB 'ineffectual'

## PCC hits out on GP dispensing

## Council forms small pharmacy working party

## NPA polls public on £4.25 charge

## Seton shake on Crookes deal



## Healthy living for healthy sales



# Washing is now an important part of dry skin care.



Soap and detergent-based cleansers all have a drying effect on the skin. (A good rule of thumb: if it foams, it's drying.)

So your customers who have a dry, sensitive and irritated skin should replace soap with Wash E45. This non-drying washing cream is an effective cleanser containing no soap, detergent, perfume or other potential sensitisers. It gently cleanses with water – but without stripping away the skin's natural protective barrier of oils – and leaves the skin soft and comfortable.

Trials demonstrate the superior efficacy of Wash E45. They show that it's non-drying, unlike other specialist cleansers and soaps for dry skin<sup>1,2,3</sup>. A clinical trial also demonstrated that Wash E45 is more acceptable to patients than Emulsifying Ointment<sup>4</sup>.

Not only is Wash E45 effective, it's also versatile. It can be used on the face or the whole body when bathing, showering or just washing; but it's especially good for hands as they are washed more often. Available on FP10 or OTC, Wash E45 can be recommended for washing dry skin conditions, including eczema, dermatitis and psoriasis.



## ESSENTIAL CLEANSING THERAPY FOR DRY SKIN

References: 1. Data on file, Crookes Healthcare Limited, Report No. M89076 2. Data on file, Crookes Healthcare Limited, Report No. CPD 184 3. Data on File, Crookes Healthcare Limited, Report No. CPD 186 4. Data on file, Crookes Healthcare Limited, Report No. CPD 187.

For detailed information on Wash E45 and the full range of E45 products, contact: Crookes Healthcare Limited, Nottingham NG7 2LJ.

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## Comment

Transdermal patches are not a new drug delivery system, but with the advent of over-the-counter nicotine patches last Winter (*C&D* November 14, pp869 & 875), the public can be forgiven for thinking they are novel. The Estraderm patch, which delivers oestrogen as a hormone replacement therapy, was launched by Ciba in 1987, while Schering-Plough's Nitro-dur has been presenting glyceryl trinitrate to angina sufferers since 1991. Travellers with motion sickness almost had a hyoscine patch to temper their nausea, while in Japan patch therapies are widely accepted by the public as one of *the* ways to take their medicine. For the British, first the nicotine patch, licensed or otherwise, closely followed by Slim-Patch (see p432) and friends, have caught the imagination.

Of course licensed medicines pose no threat if patients comply with GP/pharmacist advice on dose and usage, and in-pack, on-pack data and product information leaflets etc — but unlicensed medicines do, especially if the delivery mechanism has cult appeal. Designer drugs could be followed by designer mechanisms: transdermal patches may have such an appeal (see p432/435). Could it become fashionable to "sport" your drug patch rather than conceal it under shirt or blouse, *vis a vis* character

merchandised plasters for kids. It might not be too fanciful to suggest that the more up-wardly mobile could become PUPPIES — Patch-up Pushing People in every Society. Fact can sometimes be stranger than fiction...

Last month (*C&D* February 13, p245) the Medicines Control Agency demanded the withdrawal of the six unlicensed nicotine patches on the mail order market. This week advertisements were carried in the national Press for Slim-Patch, a homoeopathic patch that claims to be able to pass the odd active molecule or two through the dermal barriers to effect weight loss in just seven days. Even the most ardent homoeopaths must find this American product nothing short of wondrous!

*C&D* understands the telephone order hot line is very hot indeed, so the cuddly are evidently eager to part with their pounds sterling to lose pounds advoirdupois. While we hesitate to denigrate any product we have not had time to assess scientifically, the placebo effect must loom large indeed for Slim-Patch to work. Both pharmacists and the public would be more comfortable if the product was licensed.

We hope the MCA allows Slim-Patch manufacturers Timejet no time-lag to bring their product into its fold.



# Is Society 'irrelevant and ineffectual' ask Branches

A motion which declares that the Royal Pharmaceutical Society has become an "irrelevant and ineffectual body with neither the will nor the power to stand against political and commercial pressures" will be debated at this year's Branch Representatives Meeting in May.

There are also calls for a two tier Pharmacy medicines system and for a national pharmaceutical liaison body to negotiate with the government.

This year's meeting will be held on May 13 at the Society's headquarters and will take the format seen in recent years with the debate of 14 motions in the morning and an afternoon session where seven groups each debate a motion and report back to a plenary session.

The annual general meeting of the Society will be held the evening before, when the annual report of the Council and the statement of accounts will be presented together with any motions submitted by members.

The motion questioning the relevance and effectiveness of the Society has been submitted by Dudley, Stourbridge & District Branch. They say that it is urgent that a new body is established to safeguard the interests of members.

In their supporting notes, the Branch says that if this is not done, the result will be "the demise of community pharmacy and the loss of pharmacy influence in hospitals and industry". This, they say, would not be in the interests of the profession nor protect the health and welfare of patients.

A motion from Bath calls for the creation of a national pharmaceutical liaison body "capable of forcefully supporting the interests of members in negotiations with Government and other such bodies".

They envisage the fusion of the Society, the NPA and the Chemists' Defence Association into a "co-ordinated body". This, they say, will be able to negotiate with the government from a position of greater strength.

Calls for a two tier P medicine system, "to ensure against inappropriate sales of increasingly potent medicines" has come from Moray & Banff. This has been prompted by the recent deregulation of products such as nicotine patches and vaginal imidazoles.

The Branch suggests that the P category be split to allow certain products to be sold under the supervision of the pharmacist

with others being sold directly by the pharmacist.

A number of motions deal with the election of members to the Society's Council. Three branches have asked that when reports of Council meetings are published, they include details of how individual Council members voted. The electorate's choice would be more informed, they say, if this was made public.

Slough & District Branch have submitted two separate motions concerning Council, the first of which calls for members to take a break of three years after five consecutive terms have been served on Council. "It is felt that after 15 consecutive years of service it is difficult to maintain enthusiasm and develop new ideas and strategies which are important to progress the well-being of the Society."

Slough's second motion calls for one place on Council be filled by co-option to ensure that minority sectors of the profession are represented.

The BPSA have put forward two motions, the first calling for

the establishment of selection procedures and improved training and monitoring of preregistration tutors. They also express concern over the increasing rate of recruitment of undergraduate students.

Other motions include amendments to the Code of Ethics to prevent a pharmacist accepting paid employment in a pharmacy owned by GPs, the reclassification of paracetamol as a Pharmacy medicine, and steps to be taken to ensure a good standard of premises and equipment in all pharmacies.

Other motions have been referred to Council without debate, the assumption being made that these are carried. These include:

- The practice of satellite dispensing of NHS prescriptions at premises without contracts is deplored as "poorly disguised leapfrogging"
- A survey to investigate the future demand for pharmacists
- Medicines dispensed by doctors display BNF advisory labels
- Life membership of the Society be available on retirement.

The topics for the afternoon discussion groups are:

- Calls for computerised records of private prescriptions
- In an emergency, members shall be able to contact their inspector immediately
- The difference in standards applying to the handover of medicines to patients from a pharmacy, or on delivery to the home
- An end to the practice of using a single brand name for a range of OTC medicines with different or multiple constituents.
- All FHSA contracted dispensaries be inspected regularly by the same body to the same standards
- The clarification of the objectives of the BPC
- A system to enable practising pharmacists who find themselves under continuing stress to have access to assistance and counselling.

Nominated representatives are asked to reserve a place at one of the discussion groups and will be informed which group they can attend when they arrive at the meeting.

## Patch mania extends to weight control

Slimmers are the latest consumer group to be targeted with patch technology after mail order advertisements for a product called Slim-Patch appeared in newspapers.

The transdermal patch, described as a "weight control system", contains Fucus, a "natural ingredient used in homoeopathy".

This is said to "act on the thyroid gland which produces the hormone that controls the body's metabolic rate".

The patch sells for £9.95 for a seven day supply, £17.95 for 14 days and £29.95 for 28 days supply. It was accompanied by statements including "No pills! No exercise! No starvation" and

"What have you got to lose apart from excess weight".

Fucus is also known as sea kelp or bladderwrack and, according to the *Materia Medica*, is used in tincture form for obesity. *Martindale* says that the dried plant *Fucus vesiculosus* contains at least 0.05 per cent iodine.

A spokesman for the Medicines Control Agency told C&D that they had been sent a number of copies of the advertisement by concerned parties.

They confirmed that such a product would need a product licence if its use was homoeopathic and also because there was a reference to an alteration to bodily function. Slim-patch had no licence as far as they were aware, he said adding that the MCA would be looking into the situation.

The MCA recently wrote to manufacturers of unlicensed nicotine patches saying that they should be withdrawn (C&D February 13 p245).

Enid Segall, general secretary of the British Homoeopathic Association, said she had known of the product's existence in America for some time. However she was "surprised and disappointed" to see the product advertised in the UK.

Tony Hampson, co-chairman of

## Major prescribing guide launched in Northern Ireland

A major new prescribing guide for GPs and pharmacists, produced by the Drug Utilisation Research Unit at The Queen's University of Belfast, has been launched in Northern Ireland.

The formulary offers advice on the most up-to-date effective, and safe treatment for the range of illnesses seen in general practice. Launched by Dr Andrew Herxheimer of the Cochrane Centre in Oxford, the formulary will be issued to all GPs and community pharmacists in the province. It will also be used widely in England and Wales under the auspices of the Royal College of General Practitioners.

The Unit at Queen's has also completed work on a new computerised system which will

allow every general practice in Northern Ireland to receive regular up-to-date audits of their prescribing, down to the level of each individual drug.

"It is impossible for any doctor to be completely familiar with the wide range of new drugs now used in general practice," said Unit director Dr Hugh McGavock. "The formulary, which contains the combined wisdom of 14 people recognised as experts in their different fields, can guide doctors and their patients through the minefield of complex modern pharmacology."

"The GP who uses the formulary will not only draw upon this expertise but will also eliminate wasteful and unnecessary prescribing," he added.



## Boots suncare campaign urges public to 'Play Safe'

Play Safe in the Sun has been set up jointly by Boots and the Cancer Research Campaign in an attempt to educate people on the dangers of sun exposure.

Set up in response to the results of research carried out by the Government Advisory Committee on Medical Aspects of Radiation in the Environment (COMARE), the Play Safe in the Sun campaign aims to help prevent the increasing incidence of skin cancer in the UK.

Supported by the Health Education Authority, the initiative will try to put across to the public five essential guidelines for sensible sun protection. These are:

- Always use a good sunscreen with balanced UVA/UVB protection suitable for your skin type.
- Build up the time you spend in the sun gradually over several days.
- When the sun is at its hottest seek the shade or wear a broad-brimmed hat and cover up.
- Always take extra care with children and babies.
- Always wear good quality sunglasses.

GPs and other health professionals will also be targeted, giving them information on the dangers so they are better equipped to inform.

To help explain the initiative and communicate the guidelines a Play Safe in the Sun postal

advisory service has been set up. People who write to "Play Safe in the Sun" advisory service, PO box 4RB, London W1A 4RB, will be sent answers to questions and a suncare advice leaflet. A Cancer Research Campaign nurse is available to answer more complex queries. An educational poster will be available.

## Dorset pharmacist fined

A pharmacist in Dorset has been fined £2,000 after a pensioner was given the wrong drugs and died.

Harold Douglas pleaded guilty before Bournemouth magistrates on March 1 to selling a medical product without a prescription.

Freda Locke should have been given dihydrocodeine but instead received a heart drug. She died three days later. It was unclear whether the drugs were handed

out by the pharmacist or by his assistant.

As the pharmacist in charge at Bugden and Parr, Charminster, Mr Douglas had taken responsibility.

The court was told that the two drugs had been in similar bottles in a drawer 5 ft off the ground.

Mr Douglas lost his job as a result of the case. He may also face a disciplinary hearing in front of the RPSGB Statutory Committee.

## PCC takes DHSS to task on dispensing doctors

Department of Health officials in Northern Ireland have been lambasted over their lack of action in tackling doctor dispensing, and been given a strong hint that a 1.5 per cent pay settlement for 1993-94 will be unacceptable.

Chairman of the Pharmaceutical Contractors Committee Norman McConnell made no apology for raising the issue again at the PCC's annual dinner last week. "We have aired this matter on many occasions but our observations have fallen largely on deaf ears," he commented.

"It has long been accepted that it is in the patient's best interests



Alan Elliot, the permanent secretary to the Department of Health and Social Services (left), and Dr Willie Woodside, president of the Pharmaceutical Society of Northern Ireland (second left), were the chief guests at the Pharmaceutical Contractors Committee dinner at the Culloden Hotel, Belfast, last week. Hosting the event were PCC chairman Norman McConnell (second right) and vice-chairman Gwyn Williams

that all prescriptions be dispensed by a pharmacist. It is also government policy that doctors prescribe and pharmacists dispense. It is time that some action is taken to ensure that this principle is observed."

In these days of purchaser/provider arrangements there would seem to be a lack of audit, not to say supervision, of the arrangements in which medicines are supplied to patients by dispensing doctors, said Mr McConnell.

Voicing concern that next year's pay settlement may be capped at 1.5 per cent, he said: "In light of the fact that underlying inflation in providing pharmaceutical services is 5-6 per cent, I feel confident that these rumours are unfounded."

Mr McConnell also cautioned against introducing an extended Selected List without compensation for stock contractually held. How is Mrs Bottomley going to explain the emergence of a two tier system, where the well-off can decide whether to pay for their medicine or take instead the one for which the government says it can afford to pay, he wondered.

He reminded government that using to the full the expertise and potential of the pharmaceutical services would reduce the cost of health care. "The pharmacist represents the most cost effective element of health service and is worthy of more adequate remuneration," he said.



the Natural Medicines Group, said he was "absolutely, horrendously cross" about the advertisement.

Fucus is used in pure homoeopathy and is an ingredient of some licensed products used for obesity, he said. However, he thought it was unlikely that anything like a sufficient dose of Fucus could be put under a patch.

"This sort of thing dilutes the effects of the manufacturers we represent who support licensing

for their products," he said. "What a shame to have some part of the population in doubt about natural medicines when there are some cracking products about."

Ray Hill, secretary of the British Herbal Medicines Association, said the situation was "too silly for words and should be stopped." He added that he hoped the MCA would treat the matter seriously.

C&D was unable to contact the advertisers Timejet for comment.

■The Royal Pharmaceutical Society's Council agreed at this month's meeting to press the MCA to give greater priority to enforcing the withdrawal of unlicensed nicotine patches.

Mrs Susan Sharpe, head of the Society's law department, said the MCA had written to sellers and distributors of the unlicensed patches, asking them to stop. Some had refused. The MCA was considering enforcement but seemed not to be giving it priority.



## GPs oppose limited list plans

Two out of three family doctors now want the Government to withdraw plans to limit the range of medicines available to NHS patients, according to a new survey.

A nationwide poll of GPs also shows that a majority of six to one believe that the proposed new Selected List restrictions would lead to an overall deterioration in patient care.

The results come in a survey conducted by Milpro on behalf of the Association of the British Pharmaceutical Industry. They were announced as more than 100 MPs on both sides of the House signed an Early Day Motion calling on the Government to think again over its Selected List plans.

The survey also shows:

- Ten times as many doctors (55 per cent) believe that the proposed changes will affect the care of the elderly, against only 5 per cent who felt it could lead to improvements
- Eight out of ten women doctors believe the extended Selected List will lead to a deterioration in family planning care
- A clear majority of GPs believe the Selected List will damage patient care in seven out of the ten new categories.

"It is quite clear that doctors are growing increasingly alarmed at the prospects for patients if the Selected List of blacklisted medicines is increased," said Dr John Griffin, director of the ABPI.

## Response to Hustings invitation

Eleven Council candidates have replied to invitations from the Young Pharmacists Group to attend their Hustings event.

At this stage the YPG are unwilling to name the candidates who have confirmed they will be attending as they are in discussion with others. The eleven candidates YPG are aware of are: Alan Nathan; Linda Stone; Ann Lewis; Professor Geoff Booth; Noel Baumber; David Allen; David Coleman; Tee Treacy; Julian Ashley; Peter Curphey, and Alan Lloyd.

All local branches of the Pharmaceutical Society were mailed details of the Hustings and many branches confirmed they will send representatives.

The Hustings will be at 2pm on Sunday, March 21 in The Friendly Hotel, Junction 10, M6, Walsall near Birmingham, West Midlands. Maps from Andrew Burr of the YPG on 021-233 0708.

# NPA poll shows public opposed to script charges

An opinion poll has revealed public opposition to increases in prescription charges and shows that as many of a third of adults are deterred by the charges from having their medicines dispensed.

The survey of 1,000 adults, conducted by researchers BMRB for the National Pharmaceutical Association, probed consumer perceptions about the funding of the pharmaceutical service. The results reveal growing public support for the NPA's description of prescription charges as a "tax on the sick".

An overwhelming 92 per cent endorsed the view that anyone who is chronically ill should be exempt from all prescription charges and four out of five believe that prescription charge increases should be in line with inflation.

Despite the obvious reluctance of the public generally to agree to increased taxation, 40 per cent of respondents said they would prefer the cost of NHS medicines to be added to National Insurance contributions and be paid for by all earners.

The survey also showed that charges deter people from having their medicines dispensed — as many as one third of adults in the sample admitted this was the case. However, 60 per cent claimed never to have asked their pharmacist if the medicine could be bought more cheaply over the counter.

Of worry from the pharmacists point of view, the survey also highlighted the degree of public confusion about the prescription charge. Only 27 per cent realise it is a tax that pharmacists collect for the government while a quarter think it is part of the pharmacist's payment from the NHS. A third think the charges are a combination of both these things and 15 per cent say they have no idea at all.

"The conclusion we can draw from this survey is that the general public is critical of the current prescription charge system," says the NPA. "It means that patients pay by chance. They pay the extra tax if they are unlucky enough to be sick. This cannot be right. It benefits everyone if sick people get better quickly. The bills for medicines should therefore be paid for by everyone."

The NPA has been consistently opposed to prescription charges in their entirety, claiming that the charge is a "tax on the sick". The Association said it hoped the survey would provide more ammunition in their battle for the abolition of prescription charges, and were not at all disappointed by the results.

"We have been forthright in our condemnation of this iniquitous tax, focusing on the illogical regulations governing prescription fee exemptions, and actively lobbying against swingeing increases," says the NPA. "This latest is the fifteenth since the Government took office and far exceeds the current inflation rate."

• The Health Secretary Virginia Bottomley was rebuked for "hiding" the announcement of prescription charge increases in a written reply to a Parliamentary question by the Speaker Betty Boothroyd following a complaint from Shadow Health Secretary David Blunkett.

The 13 per cent increase was disclosed in a written answer to David Evennett MP for Erith and Crayford. No prior indication of the announcement had been given and the Commons Order Paper, the means by which MPs are normally given notice of an important ministerial written answer, contained no written question on the subject. Instead the reply was given "pursuant to a previous written answer".

### Generic substitution

Pharmacists in Jamaica are now allowed to substitute a generic for a brand unless the prescriber has indicated that substitution should not occur. The pharmacist must advise the patient of the change being made.

### Below the charge

Dr Brian Mawhinney, the Health Minister, told the Commons on Tuesday that it was estimated that in 1993-94 some 35 per cent of chargeable items would cost the NHS less than the new

prescription charge of £4.25 per item.

### Alzheimer's week

The Alzheimer's Disease Society will stage their annual Awareness Week from July 5-11, with the theme "Remember to Care".

### Scottish statistics

A total of 3,806,808 scripts were dispensed in Scotland in November, 4,405 by appliance suppliers. Average cost per script was 761.08p for chemists only and 767.76 for chemists and appliance suppliers.

## Rapist faces life for attacks

A jobless gardener who raped a pharmacist and a student is facing a life prison sentence. The police praised the pharmacist, whose graphic account of her attack in court, helped convict the man.

Father of two Roy Fisher raped and abused the 27 year old pharmacist in an alleyway in Oxford and attacked a 20 year old university student in public toilets last Summer.

And as Mr Justice Judge adjourned sentence for medical reports at Oxford Crown Court, he admitted he was concerned about public safety. The judge said: "He appears to be a very dangerous man. I shall be considering an indeterminate sentence."

Mr Paul Reid, prosecuting, told the court that 26-year old Fisher had pounced on the pharmacist in the early hours of August 1 as she walked home alone after an argument with her boyfriend.

As she walked past the Oxfordshire County Council headquarters in New Road, Oxford, he dragged her down an alleyway, tying her hands behind her back and subjecting her to a terrifying half hour ordeal.

From the witness box the woman, who has since returned to her job, told how she mentally bade farewell to her family as she battled for her life in a dark alleyway.

"I just had a hand over my mouth and an arm round me. I was half pulled and half carried down a bit of an alleyway. I was trying to scream and kick and struggle and get away and pull his hand away from my mouth because I couldn't breathe," she told the court.

## Updated leaflets for Pet Week

National Pet Week will be May 1-9 and a number of activities ranging from dog and cat show to schools campaigns, are planned.

The Agricultural and Veterinary Pharmacists' Group is producing updated leaflets on pet healthcare to be launched to coincide with Pet Week. They will be distributed through pharmacies with agricultural and veterinary sections.

Further details can be obtained from Roger Odd at the Royal Pharmaceutical Society's Lambeth headquarters (071-735 9141) or from Mrs Floss Slade, National Pet Week Secretariat, PO Box 101, Northwood, Middlesex HA 3RW (tel: 0923 836333).



## Leaflet reminder in Scotland

Scottish contractors are being reminded by the Pharmaceutical General Council about the new requirement for practice leaflets from April 1.

As part of this year's Scottish pay settlement, those contractors eligible the practice allowance will be required to produce practice leaflets from that date.

The leaflets must contain, as a minimum:

- The name, address and phone number of the pharmacy
- The hours of NHS service together with the arrangements in place for dealing with after hours and other urgent requirements
- A statement that NHS scripts are dispensed and which other NHS services are provided
- A statement to the effect that the pharmacist is available to advise patients and to answer their inquiries about medicines and the treatment of common ailments.

Amendments to the Scottish NHS General Medical and Pharmaceutical Services Regulations have been drawn up to cover the introduction of the practice allowance.

• Scottish contractors are advised that the NPA's standard practice leaflet (C&D last week p390) does not at present contain anything on urgent and out of hours services.

## Four new HAs for NE Thames

Four new health authorities are to be created within the North East Thames Regional Health Authority.

The new Authorities will come into being on April 1.

The new East London & City Health Authority will bring three existing authorities — City & Hackney, Tower Hamlets and Newham — together.

This new single authority will be chaired by Mrs Frances Heidensohn.

The new Redbridge & Waltham Forest HA will, as its name suggests, combine the existing Redbridge and Waltham Forest HAs, and will be chaired by Ms Delva Patman.

The River HA brings together the former Enfield and Haringey Health Authorities, to be under the chairmanship of David Kleeman.

The fourth new authority is Camden & Islington HA which combines Hampstead, Bloomsbury and Islington HAs. It will be chaired by Roland Everington.



## Too much bite in toothpaste ad's script?

I am told that there is an advertising code to stop the worst excesses of the advertising industry's enthusiasms and, when I look at the majority of advertisements, this code does seem to hold up fairly well.

Inevitably, however, market forces do put pressure on the limits of acceptability when, to the casual observer, the advertising script is harmless, but on closer examination the writers seem to have found sufficient flexibility to cross that line.

One such advertisement is the present television campaign for Colgate toothpaste, which commences with a shot of a baby being fed a bottle of milk and finishes with a small toddler cleaning her teeth with Colgate toothpaste. The "talk over" includes the words: "Colgate toothpaste with calcium and fluoride".

In strict scientific terms this is technically, correct, but surely a misrepresentation, by implication, to the conscientious mother who knows full well that both calcium and fluoride are essential for their child's health, but cannot understand the chemical relationship

between the two.

The amount of calcium present in any fluoride toothpaste is irrelevant to its primary purpose of maintaining dental hygiene and supplying fluoride for enamel formation, particularly as toothpaste should only be used locally and not ingested. The term calcium fluoride would be acceptable, but the inclusion of that little word "and" appears to me to alter immediately the context of the advertisement beyond the bounds of acceptability.

## Pharmacy gets good TV exposure

The increase in prescription charges to £4.25 has produced its predicted furore, but also a concentration of minds on the consequences of Government policies on the future of medicine distribution.

At the same time as script charges have been raised once again to punitive levels, the rate of change of "POM to P" deregulation is increasing, and the blacklisting of another ten drug categories is imminent.

This all adds up to a potential revolution for community pharmacy and was ably highlighted by a recent interview on GMTV with Dr Hilary Jones. She was asked to comment on the suitability of community pharmacists to embrace these increased responsibilities.

It is, perhaps, unreasonable to ask a doctor's opinion on pharmaceutical matters, but medicines are a shared responsibility, and the patient should be seen as the benefactor of co-operation rather than a pawn in the battle between the two professions.

In fact the interview presented a fair and supportive analysis of the community pharmacists' changing role, and must have gone a long way to assuaging public concern. Dr Jones emphasised that the pharmacist's principal concern is the welfare of the patient,

and that they would refer a patient to a GP when it was deemed necessary.

She detected no conflict of interest between commercialism and the pharmacists' professional responsibilities. There are times when exposure to the TV cameras can be productive, and it is pleasant to hear public medical endorsement, rather than criticism, of community pharmacy.

## Hear, hear! Sue Sharpe

I can say very little other than "Hear, hear!" to Sue Sharpe's comments last week on supervision of Pharmacy medicine sales (C&D March 6, p415). Our professionalism has to be seen to be done or our actions will always cause others to question our competence.

One of the most important areas where that professionalism is demonstrated is our involvement in P medicine sales, because it is our responsibility to ensure that sales of medicines are made for the right reasons, to the right patient, and with all counselling requirements accounted for.

Ultimate responsibility lies with the supervising pharmacist but delegation can be made to properly trained staff as long as this allows for intervention at any point in the consultation.

Lotty has often said that I don't have ears, merely independently tuned radar antenna, and I take that as a compliment! She knows that what happens on the chemist counter is always being monitored by me, whether or not I am physically standing by her side. I only intervene when asked, or if necessary, but that intervention is seen by the patient as active and performed to protect their interest.

Sue Sharpe is so right in perceiving that the image conveyed to the patient is probably our most important professional function. If a change of emphasis by the Royal Pharmaceutical Society's inspector, from pure enforcement to the more targeted role of achieving improved standards of premises and practice at specific pharmacies is successful, then the whole profession will be the winner.

# Topical REFLECTIONS



# Scriptspecials

## Convulex for epilepsy

Farmitalia Carlo Erba are introducing Convulex for the treatment of epilepsy, for both generalised and partial seizures. Each enteric coated gelatin capsule contains valproic acid (150, 300 and 500mg).

Dosage is determined by starting with a daily dose of 15mg/kg body weight and slowly increased by 5-10mg/Kg body weight up to 30mg/Kg body weight or until the patient no longer suffers from seizures. It should be given as a divided dose and capsules should be swallowed whole.

In pharmacokinetic trials, Convulex was found to have a one-to-one relationship with products containing sodium valproate. In patients previously receiving sodium valproate therapy, Convulex should be initiated at the same total daily dose.

Gastro-intestinal disturbances are among the most frequent side-effects. Minor gastric irritation and nausea occur mostly at the onset of therapy and disappear with dose adjustment and/or taking the tablets during meals.

Convulex may potentiate the CNS depressant action of alcohol, neuroleptics and antidepressants and may interact with concurrently administered anti-epileptic drugs.

In pregnancy, possible benefits should be weighed against the risks, and up to the 40th week dosage should be kept as low as practicable. For further details of contra-indications and adverse effects see Data Sheet.

Convulex is available in blister packs of 100 capsules (150mg £3.95; 300mg £7.90; 500mg £13.16). **Farmitalia Carlo Erba Ltd. Tel: 0727 840041.**

## Flixotide — new inhaled steroid

Flixotide Diskhaler, containing the glucocorticoid fluticasone propionate, is a new preventative treatment for asthma.

Allen & Hanburys say Flixotide has a number of advantages over other available inhaled steroids. It has negligible oral bioavailability due to poor absorption from the gastro-intestinal tract and virtually complete first pass metabolism in the liver. Systemic levels of Flixotide will therefore be low with minimal potential for steroid side-effects from the swallowed fraction.

In trials, Flixotide was shown to produce equivalent control of asthma to beclomethasone dipropionate, at half the daily dose. At the same daily dose, Flixotide achieved superior asthma control compared to beclomethasone dipropionate, with no significant difference in mean serum cortisol levels.

In most patients, even at doses of 2000mcg daily, Flixotide had

no adverse effect on adrenal function, as measured by mean serum cortisol levels.

**Product Licence holder** Glaxo Pharmaceuticals UK Ltd, Uxbridge, Middlesex UB11 1BT

**Presentation** Disk comprising four regularly spaced double foil blisters each delivering a mixture of fluticasone propionate and lactose. Available in three strengths containing 50mcg, 100mcg and 250mcg fluticasone propionate per blister

**Indications** Prophylactic management of mild, moderate and severe asthma in adults. Any child over four years who requires prophylactic medication including patients not controlled on other prophylactic medication

**Dosage** Adjusted according to the individual response. Adults and children over 16 years: mild asthma 100-250mcg twice daily; moderate asthma 250-500mcg twice daily; and severe asthma 500-1,000mcg twice daily. Children over four years of age: 50-100mcg twice daily

**Contra-indications** Hypersensitivity to any of the components

**Precautions** Patients transferred from other inhaled steroids or oral steroids remain at risk of impaired adrenal reserve for a considerable time after moving to Flixotide. When transferring patients from systemic steroids, adrenocortical function should be monitored regularly and the dose of systemic steroid reduced cautiously.

Replacement of systemic steroid treatment with inhaled therapy may reveal allergies such as allergic rhinitis or eczema, previously controlled by the systemic drug.

Treatment should not be stopped abruptly.

Administration in pregnancy should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus. See Data Sheet.

**Side effects** Hoarseness. Thrush can occur in the mouth and throat. As with other inhalation therapy paradoxical bronchospasm may occur which responds to a fast-acting inhaled bronchodilator

**Legal category** POM

**Packs** Cartons containing 14 x 4 blisters (14 disks) together with a diskhaler, or refill packs: 50mcg — £8.23 (original pack), £7.66 (refill); 100mcg — £12.80, £12.23; 250mcg — £24.23, £23.66.

**PL numbers** 50mcg 10949/0005; 100mcg 10949/0006; 250mcg 10949/0007

Issued February 1993

### Dilzem SR

Dilzem SR from Elan Pharma is a sustained release presentation of diltiazem hydrochloride, designed for twice daily administration. All three strengths — 60mg, 90mg and 120mg — are indicated for both angina and mild to moderate hypertension. Distribution, ordering and invoicing will be handled by **Parke Davis & Co (Gwent). Tel: 0495 762468.**

### Eppy now POM

The new formulation of Eppy eyedrops (1 per cent adrenaline) is now classified as a Prescription Only Medicine. The change in status results from the inclusion of acetyl cysteine in the formulation. **Smith & Nephew Pharmaceuticals Ltd. Tel: 0708 349333.**

### Amoxicillin Syrup

The appearance of the granules in the Evans & Kerfoot amoxicillin oral syrup has changed from yellow/off white to pink with the reconstituted liquid appearing orange rather than yellow. The therapeutic qualities are unchanged. **Kerfoot Pharmaceuticals. Tel: 0582 608308.**

### Ortho Diaphragms

All three types of Ortho Diaphragms are now fully reimbursable under the NHS, following Drug Tariff inclusion of the Arcing Spring Diaphragm. In addition, the prices of the Ortho All-Flex (Arcing Spring) and the

Ortho-White (Flat Spring) have also been reduced from £6.35 and £5.58 respectively to £6.29 and £5.49.

**Ortho Division of Cilag Ltd. Tel: 0240 243541.**

### Natulan price

The price of 50 Natulan capsules (procarbazine hydrochloride) has substantially increased from £3.44 to £12.00. Cambridge Laboratories say the increase results from a reduced demand. As an essential medicine for which a small demand remains the price increase, though unwelcome, is necessary to ensure the product remains available in the UK, say **Cambridge Laboratories. Tel: 091 261 5950.**

### DoH and Merieux

Under a new agreement signed between the Department of Health and Merieux UK, two children's vaccines — diphtheria/tetanus and rubella — will now be available for the first time to GPs in pre-filled syringes at no extra cost to the practice from the central contract. **Merieux UK. Tel: 0628 785291.**

### Primolut N 30 packs

Schering are introducing a 30 tablet pack of Primolut N and discontinuing the 100 tablet presentation. The price for the new pack (£2.70) is identical, tablet-for-tablet, as that for the old 100 tablet pack. The 500 tablet pack remains available at a price of £40.87. **Schering Health Care Ltd. Tel: 0444 232323.**

### Merieux Hib vaccine

Merieux have refined their *Haemophilus influenzae* type b conjugate vaccine presentation which will make the vaccine easier to reconstitute. All polysaccharide vaccines exhibit an increased surface tension when in solution. Unless the syringe vial is shaken this can make it difficult to withdraw the vaccine from the vial. Merieux have developed a method of reducing the amount of silicone lubricant in the vial-bung assembly which effectively minimises the conventional surface tension effect which can make withdrawal difficult. **Merieux UK Ltd. Tel: 0628 785291.**

### New blood sampler

Unistik, a new disposable finger-pricking device for safe, quick capillary blood sampling is now available from Owen Mumford. There is no re-load facility so this ensures automatic disposal. The hidden lancet safeguards against accidental needle-stick injury before use and the instant needle retraction after use eliminates infection from exposed lancets. A pack of 100 retails at £12.10 (inc VAT). **Owen Mumford Ltd. Tel: 0993 812021.**

### Bonefos 30 pack

Bonefos is now available in a 30 capsule pack size. The price of the new pack is £51.96. **Boehringer Ingelheim Ltd. Tel: 0344 424600.**



WHICH DILTIAZEM GIVES effective  
control in Angina with a significant cost advantage?<sup>(1)</sup>

Dilzem S.R.

WHICH DILTIAZEM IS THE only Diltiazem  
available in a true 60, 90 and 120mg b.d. dosage regimen?

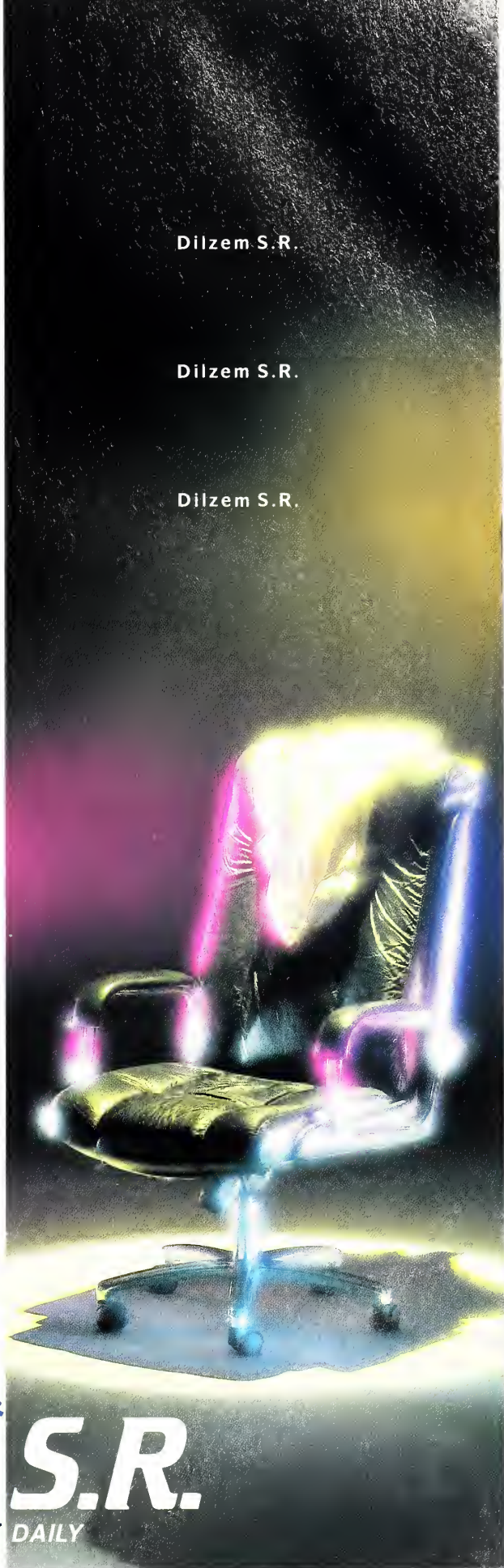
Dilzem S.R.

WHICH DILTIAZEM IS AN effective treatment  
for Angina and has a lower incidence of side  
effects than Nifedipine?<sup>(2)</sup>

Dilzem S.R.

IT IS MADE BY ELAN PHARMA, the accepted  
innovators in drug delivery systems, and has just been  
launched in the U.K. What is it?

THE ANSWER IS  
**DILZEM<sup>\*</sup> S.R.**  
DILTIAZEM TWICE DAILY



**PRESCRIBING INFORMATION** Presentation Dilzem<sup>\*</sup> SR is available as Dilzem SR 60, Dilzem SR 90, Dilzem SR 120 capsules containing 60 mg, 90 mg or 120 mg diltiazem hydrochloride as sustained release beads. This sustained release formulation is designed for twice daily administration. **Indications** All strengths are for the treatment of angina pectoris, including Prinzmetal's angina, and in the treatment of mild to moderate hypertension. **Dosage: Adults** The usual initial dose is 90 mg twice daily. Dosage may be increased to 180 mg twice daily if required. **Elderly** Initiate at the lower level of 60 mg twice daily and increase slowly to give the required level of control. Do not increase the dose if the heart rate falls below 50 beats per minute. **Children** Not recommended. **Contra-indications** Pregnancy, lactation and women of child bearing potential. Patients with bradycardia (less than 50 beats per minute), second or third degree heart block or sick sinus syndrome. Patients with impaired renal or hepatic function. Left ventricular failure with stasis. Concomitant administration of dantrolene infusion. **Precautions and Warnings** Caution in patients with hepatic dysfunction, mild bradycardia, first degree atrio-ventricular block or prolonged PR interval, and in patients receiving concurrent anti-hypertensive treatment or other hypotensive agents or drugs with moderate protein binding. Rare instances of hyperglycaemia have been reported in association with diltiazem hydrochloride. The use of diltiazem hydrochloride in diabetic patients may require adjustment of their control. (Refer to datasheet for full instruction). Diltiazem may increase the blood levels of concomitant carbamazepine, theophylline, cyclosporin and digoxin. Concomitant H<sub>2</sub> antagonist therapy may increase diltiazem blood levels. Do not suck or chew capsules. **Adverse effects** Diltiazem is generally well tolerated. Side effects include anorexia, nausea, bradycardia, rash, flushing, ankle oedema, malaise, headache, gastrointestinal disturbance, sinoatrial and atrio-ventricular block, elevation of liver transaminases. **Legal category** POM. **Basic NHS price:** Dilzem SR 60, Blister pack (100 caps) £15.50; Dilzem SR 90, Blister pack (60 caps) £10.94; Dilzem SR 120, Blister pack (60 caps) £12.15. **Product licence nos** Dilzem SR 60 -PL 0018/0205; Dilzem SR 90-PL 0018/0206; Dilzem SR 120-PL 0018/0207. Prepared Feb '93.

**REFERENCE.** (1) MIMS Jan '93. Drug Tariff Feb '93. (2) Frishman Circulation 77 No 4 774-786 1988

<sup>\*</sup>Trademark (WL)

élan PHARMA

PUTTING IDEAS INTO PRACTICE



# Aspirin has potential in dementia

There is an urgent need for trials to investigate the possible use of aspirin in preventing senile dementia, an epidemiologist claimed last week.

Dr Peter Elwood, director of the MRC Epidemiology Unit at Cardiff, said that many elderly people suffer from multi-infarct disease in which tiny blood vessels in the brain become blocked, possibly irreversibly. These progressive lesions could eventually lead to significant loss of cognitive function. This type of dementia could occur in 15-50 per cent of elderly people.

Dr Elwood said there had been only one trial of aspirin for this condition, in which 70 patients took 325mg daily (V. Haskinsky, *J.Am. Geriatric Society*, 1989). Although the trial design was not good, the results were encouraging and there was a need for more research. Aspirin may act through its anti-platelet effect, he said.

His unit is studying the decline of intellect and motor performance with age in 2,500 men and looking at haemostatic factors as possible predictors of decline.

Reviewing the use of aspirin in cardiovascular disease, Dr Elwood said there was overwhelming evidence that the drug was beneficial after myocardial infarction. An overview of the relevant trials suggested that if 100 patients took aspirin after a heart attack, this would prevent two or three deaths and four to five non-fatal infarctions in the first month, and two deaths and four non-fatal myocardial infarctions every year thereafter.

The role of aspirin in primary prevention was less clear cut. A trial in which American male doctors took 325mg aspirin or a placebo on alternate days showed that aspirin reduced the risk of myocardial infarction by 44 per cent. But a trial of prophylactic daily aspirin in British male doctors was disappointing.

Some studies have suggested that aspirin might be useful in preventing cataract, but there

was a need for long term trials and Dr Elwood wondered if the effort could be justified. There is also some evidence that aspirin might decrease the risk of colon cancer but, again, large scale trials will be needed before conclusions can be reached.

Dr Elwood was speaking at a European Aspirin Foundation symposium on "Aspirin: The first 100 years." Looking forward towards the next 100 years, Dr Nick Varey, medical director at Reckitt & Colman thought that

aspirin would remain one of the bedrocks of OTC medicine.

Aspirin had a huge advantage over other analgesics in that it could be used for other indications, he said. Although few of these diseases were suitable for self-medication, once treatment had been started by a health professional the supply of aspirin-based products was likely to be OTC rather than on a prescription, particularly with the pressure on drug budgets.

There was a growing interest in

the suggestion that aspirin might act as a free radical scavenger, he continued. Free radicals have been implicated in heart muscle damage after infarction, in the vascular and lens complications of diabetes and in some cancers — all areas in which aspirin had been proved or may be beneficial.

His comment led to some light-hearted speculation that there might eventually be an all-purpose "old age pill" with vitamin C, vitamin E, aspirin, beta-carotene, and fish oils.

## Hypertension, antihypertensives and cancer

Two studies published in the *British Medical Journal* this week found no evidence to support suggestions of a higher risk of cancer mortality in men treated with atenolol. However, both studies are retrospective and the authors of one say they cannot discount the possibility of confounding factors.

The research was prompted by a Medical Research Council trial of antihypertensive treatment in the elderly which found that cancer mortality was nearly twice as common in men receiving atenolol as in men receiving placebo.

A retrospective analysis of 6,528 patients who attended a hypertension clinic in Glasgow between 1972 and 1990 assessed the incidence of and mortality from cancer in hypertensive patients taking atenolol, comparing the findings with two control populations and with hypertensive patients taking other drugs, such as beta-blockers other than atenolol, and hypotensive drugs other than beta-blockers.

They found cancer mortality was not significantly different in clinic patients as a whole and controls. Incident and fatal cancers were not significantly increased in male or female patients taking atenolol. Cancer incidence did not rise in the clinic

after a large increase in scripts for atenolol after 1976.

The second study analysed data from the Department of Health hypertension care computing project. Although the report states that neither men nor women taking atenolol had a significantly higher rate of cancer, subgroup analysis revealed that non-smoking men taking atenolol had a significantly increased risk.

The authors of the Scottish study say the authors of the MRC trial suspected that the significant excess of cancer seen in men taking atenolol was a chance

observation and the findings of both studies published in this week's *BMJ* strongly support this.

However, concerns remain over the potential contribution of hypertension and its treatment to the incidence of cancer, says an editorial in the same issue. It also states that with respect to first line treatment with diuretics and beta-blockers, consolation is available in the fact that meta-analysis of large randomised clinical trials have not identified any increase in deaths from cancer, and the use of these drugs seems to reduce total, as well as cardiovascular mortality.

## Smoking mothers report

Three-quarters of mothers say smoking helps to calm them down to avoid shouting at their children, and over half say it helps them calm down when they feel like smacking their children.

These were some of the key findings of a new report, "Smoking Mothers with Young Children: The Hidden Dilemma", published by Nicotinell. Attitude statements were presented to 490 mothers, smoking 15 cigarettes a day or more, who had at least two children under seven.

Two thirds of the mothers said smoking helped them cope better with the pressures of a young

family. Only one fifth had ever given up from fear of encouraging their children to smoke, despite evidence that children from smoking families are more likely to smoke themselves.

Unfortunately these mothers have a mistake perception of smoking helping to calm moods. Dr Martin Jarvis, senior lecturer at the National Addiction Centre, London, says that, pharmacologically smoking looks like a stimulant not a sedative.

It seems that smoking itself creates tension and anxiety due to the physical addiction to nicotine.

## Keep your Strepsils and Karvol units on display!

THE MYSTERY SHOPPER'S IN YOUR TOWN FOR ANOTHER 4 WEEKS!

Here for the sixth week! The Mystery Shopper is back by popular demand and Crookes Healthcare have pleasure in announcing this week's £75 cash prize winners. Sponsored by leading cold/flu brands Strepsils and Karvol, the competition includes an overall £5,000 cash bonanza draw which will take place once all ten week's winners have been chosen for it. So watch this space and keep your display units fully stocked. It could be you next time round as there are four more weeks still to go!

- D Anderson, Parliament Street, Isle of Man
- Mr Morrison, Main Road, Onchan, Isle of Man
- Mrs Sweetman, Dale and Teiger, New Brighton, Wallasey, Merseyside
- L F Eagling Ltd, Market Pharmacy, Shirebrook, Mansfield, Notts
- Mrs Cooper, Tilton Road, Hinckley, Leicester
- Mr Chu, Evergreen Pharmacy, Bordesley Green, Birmingham

- Mr Ryan, Royston Hall, Northfield, Birmingham
- Mr Llewellyn, Holton Road, Barry, Glamorgan
- Mr Boyle, Fore Street, Mevagissey, Cornwall
- P Wilson, Trimming Willis, Farmcombe, Godalming
- Salim Patel, Marchant Pharmacy, Barton Street, Gloucester
- G C & E M Ivens, Tachbrook Street, Leamington Spa
- Mr Chauhan, Greens Pharmacy, Shoreham, Sussex

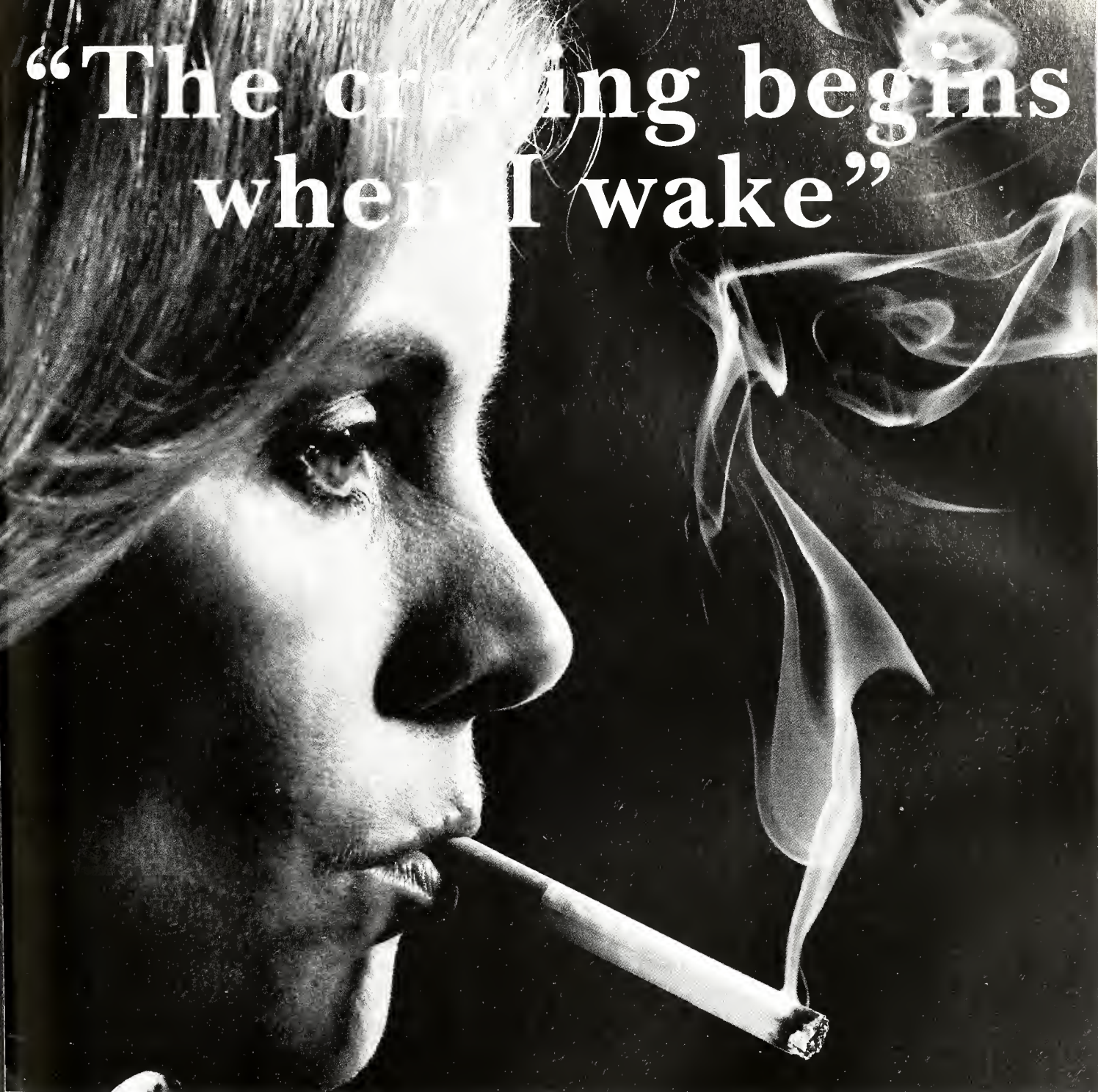
- Mr Tanna, Cullingham Ltd, Mitcham, Surrey
- Mr Patel, Karlsons, Westcliffe on Sea, Essex
- Mr Forman, Broomes Chemist, High Road, Woodford Green, London

- Medimpol Ltd, Davis Pharmacy, Crosschwaite Avenue, Camberwell
- Mr Patel, Ladywell Chemist, Lewisham, London
- Mr Patel, Streatham Hill, London

**MYSTERY SHOPPER** 



# "The craving begins when I wake"



**Worn both day and night the Nicotinell patch provides sufficient blood nicotine levels to help prevent cigarette craving ...especially first thing in the morning**

**Nicotinell® TTS Prescribing Information Presentation**

Transdermal therapeutic system containing nicotine, available in 3 sizes (30, 20 and 10cm<sup>2</sup>) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours.

**Indication** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage** Stop smoking completely when starting treatment. For those smoking more than 20 cigarettes a day, treatment should be started with Nicotinell TTS 30 once daily. Those smoking less should start with Nicotinell TTS 20 once daily. Sizes of 30, 20 and 10cm<sup>2</sup> permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Doses above 30 cm<sup>2</sup> have not been evaluated. The treatment is designed to be used continuously for 3 months but not beyond. However, if still smoking at the end of the 3 month treatment period, further treatment may be recommended following a re-evaluation of the patient's motivation. **Contra-indications** Non-smokers, occasional smokers, children under 18 years. As with smoking, Nicotinell is contraindicated during pregnancy and breast feeding, and in acute myocardial infarction, unstable angina pectoris, severe

cardiac arrhythmias, recent cerebrovascular accident, skin disease preventing patch application and known hypersensitivity to nicotine. **Precautions** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. Keep out of the reach of children at all times. **Side-effects** Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reaction at application site (usually erythema or pruritus) and sleep disturbance. See data sheet for details. **Legal category** P **Packs** Nicotinell TTS 10 (PL0001/0173) in packs of 7 patches, trade price £8.21, 28 patches, £32.83. Nicotinell TTS 20 (PL0001/0174) in packs of 7 patches £8.64, 28 patches, £34.56. Nicotinell TTS 30 (PL0001/0175) in packs of 7 patches £9.07, 28 patches, £36.28. ® denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex, RH12 4AB. Telephone (0403) 272827. Date of preparation December 1992.



**NEW**  
**Nicotinell®**  
TTS  
transdermal nicotine

**helps to overcome  
nicotine addiction**



# FLYING THE FLAG FOR QU





# ITY, VALUE AND SUPPORT.



Now Seton Healthcare and Cupal have joined together, things have never looked better.

We are fully committed to supporting all our brands with impactful advertising and promotional support.

And our pharmacy only policy will be backed by an even stronger sales team.

Your local representative will be able to tell

you all about this exciting new development, with more deals, more often and on more brands.

In other words, the support you've always wanted on the brands you've always trusted.





# Counterpoints

## Nytol is new sleeping aid

Nytol, containing the antihistamine diphenhydramine hydrochloride, is being launched by Stafford-Miller as an aid to the relief of temporary sleep disturbance.

Nytol has a pharmacy only product licence and is available in bottles of 20 x 25mg tablets (£1.99).

The recommended dose for adults is two tablets to be taken 20 minutes before going to bed. Nytol's hypnotic action will adversely affect the patient's ability to drive and to operate machinery.

Dizziness and grogginess are the undesirable side effects frequently reported by Nytol users. These effects are mild and usually wear off about eight hours after taking medication. Patients taking diphenhydramine have also reported dry mouth, nausea and nervousness.

Nytol is contraindicated in patients who are hypersensitive to

diphenhydramine and in those with the following conditions: asthma; narrow angle glaucoma; prostatic hypertrophy; stenosing peptic ulcer; pyloroduodenal obstruction, or bladder neck obstruction. Patients receiving monoamine oxidase inhibitors should not receive Nytol. Nytol is not recommended for nursing mothers or pregnant women.

Nytol will be promoted to pharmacy and the medical profession with campaigns starting in March and May respectively.

Research has shown that although 30 per cent of the UK adult population suffer from temporary sleep disorders, only 3 per cent use an OTC medicine. Stafford-Miller say the launch of Nytol increases the choice for medical professionals and consumers in aids for the relief of temporary sleeplessness. **Stafford-Miller. Tel: 0707 331001.**

## VO5 gets Flexible

Alberto are extending their VO5 styling range with four products under the VO5 Flexible Hold banner.

The range is intended to adapt to changes in the styling market brought about by the trend to longer softer styles, according to Tom Monaghan, general manager of Alberto's retail division.

The four lines are Motion Lotion, a gel glaze (200ml £2.49); a gel spray (200ml £2.49); mousse (100ml £1.99 and a brush out hairspray (200ml £1.09).

The new range will feature in the VO5 television campaign running in late March and April. **Alberto-Culver. Tel: 0256 57222.**



## Scholl update footcare range

Scholl are relaunching their toiletry footcare range with new product formulations and packaging, new in-store support and a £1.4 million television campaign.

The range is being positioned as a means of preventing minor foot conditions turning into something more serious.

"Today's rough skin is tomorrow's callous. We are trying to encourage people to use preventative products rather than treatment," says Murray Keith, senior product manager — footcare. While 50 per cent of all adults suffer minor conditions such as rough skin or hot feet, 75 per cent do nothing about it, he says.

The seven new lines all contain natural ingredients. They are:

- Deep Moisturising Cream — containing aloe vera, cocoa butter and vitamin E — for use as an intensive moisturiser for dry skin on feet (£2.99)
- Rough Skin Remover, containing peach stone granules to exfoliate rough dry skin and peach kernel oil to moisturise (£2.09)
- Softening lotion for feet and legs, with wheatgerm extract and oil of evening primrose (£2.19)
- Refreshing Foot Mist,



containing menthol and witch hazel, is a light deodorant and can be applied to bare skin or through hosiery (£1.85)

- Soothing Foot Bath with camomile and rosemary (£2.29)
- Cool Mint Foot Powder an absorbent powder containing peppermint and lichen (£2.09)
- Cooling Foot Spray, a pump action spray with lemon thyme, rosemary and juniper (£2.45).

A window display kit is available to independent pharmacies and PoS material includes a merchandiser. Scholl also

operate an advice line for counter assistants on 071-431 5266.

Scholl's television campaign — the first since 1987 — will break at the beginning of May and run through to June with two presentations featuring the Rough Skin Remover and Refreshing Foot Mist.

The range has been pre-sold into all accounts since January and will catch the peak selling period for footcare products as consumers switch over to Summer footwear. **Scholl Consumer Products Ltd. Tel: 0582 482929.**

## Max Factor go international

Max Factor are co-ordinating their cosmetics on a world-wide basis under the Max Factor International banner, with a complete repackaging and the introduction of several new products.

The dark blue livery is retained, with gold graphics and trims. The packaging is softer and rounder in shape, and has what is described as a "waterfall effect" which is carried through in the merchandising units.

New Colour and Light powder is designed to complement Colour and Light foundation but can be used as a finishing powder for all foundations. Available in three shades it is fragrance free, oil free and presented as a compact with mirror (£4.95; refill £2.95).



New High Definition eyeshadows come in 10 shades in a windowed compact (£3.49) and will be available from April.

Available from June are High Definition liquid eyeliner in black and brown in a felt tip pen presentation (£3.95), and

High Definition mascara in three shades (£3.95).

A television campaign starts nationally in April and there will be colour spreads in June magazines at a cost of over £5 million. **Procter & Gamble (Cosmetics & Fragrances) Ltd. Tel: 081-568 4333.**



# Make the most of all the publicity

NO SMOKING DAY

10th MARCH



## Display the market leader\* in smoking cessation

Yet again the nation will focus on giving up smoking with an array of features and publicity around no smoking day. With major advertising and PR support for Nicorette® consumer demand will be high.

Ensure you have adequate stock and the above display material (with some new additions!) by contacting:

your local Kabi Pharmacia representative or  
the Nicorette® HELPDESK on 0908 603848

# NICORETTE®

WORLD LEADER IN  
SMOKING CESSATION TREATMENTS



# Peach Botanicals for Potter & Moore

Following the successful relaunch of Potter & Moore's toiletries range in 1991, Jean Sorelle are introducing a fourth fragrance — Peach Botanicals.

The Potter & Moore name was established in 1749 and the company says it has developed a reputation for quality, luxury toiletries with a traditional English appeal.

The 1991 relaunch was designed to increase brand awareness and saw the streamlining of the range from five fragrances to three — Rose, Chintz and China Blue.

Peach was chosen for the new variant as it is a popular fragrance and is compatible with the most popular home decor colour, says Jean Sorelle.



The Peach Botanicals range is targeted at the 25-40 year age range and consists of a foam bath and body lotion (both 200ml £4.60), talc (100g £2.80) and soaps in singles (75g

£1.60) or packs of three (75g £4.60).

Initial feedback from the trade has been encouraging, says Jean Sorelle Ltd. Tel: 0733 281000.

## More room on Tommee Tippee stand

Jackel have designed two special hooks to increase the size of their stands without taking up extra floor space. They can be added to the left or right of the stand. In packs of six, they are supplied free as an introductory offer.

Jackel have added new designs to their Tommee Tippee bibs range. A range of applied bibs in double terry with Velcro fastenings (£1.99 each) is now available. Jackel International. Tel: 091-250 1864.



## Casting gets media support

Casting will be supported by a £2.2 million media package, including television and Press advertising.

The television campaign breaks on March 22 and runs until April 23. The second burst of the campaign begins on

September 6. Press advertising will run in women's magazines until the end of March and a second burst begins in June. A special offer in *Best* magazine offers readers a chance to sample the product. L'Oreal. Tel: 071-937 5454.

## Pampers Baby Dry on general sale

Following a successful test market in Aberdeen, Pampers Baby Dry will go on national sale at the end of this month.

For babies age six months and over, the new nappy has a Baby Dry layer made from curly cellulose fibres between the nappy's top sheet and core.

It works by drawing moisture into it and distributing it throughout the nappy. The Baby Dry layer then dries and locks the wetness inside the nappy.

The nappies come in Maxi, Maxi Plus and Junior sizes, replacing the current Pampers line-up. Procter & Gamble. Tel: 091-279 2000.

## Once gets second airing

Schwarzkopf have launched the second phase of television advertising for the Once Multi Styler range.

The national campaign features a striking technique to highlight the different phases of use of the 3 in 1 product, while merging them into a single frame. Schwarzkopf Ltd. Tel: 0296 88101.

## On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Aquafresh toothpaste:	All areas
Askit powders & capsules:	STV, G
Benlylin:	All areas except G, C4
Belle Color:	All areas except U, GMTV
Colgate toothpaste:	All areas
Endekay gum:	G, C, A, M, LWT, C4
Gillette Series:	All areas except STV, GMTV
Listerine:	All areas except LWT
Nicorette Patch and Gum:	All areas
Once Multi-Styler:	C4, BSkyB
Peaudouce:	C4, GMTV
Plax:	All areas
Rapeze:	STV, B, C, C4
Slim Fast:	All areas
Synergie Bio-Contour eye gel:	All areas except U, GMTV
Widsom Reflex:	GMTV, C4
Wrigley's Extra & Orbit:	All areas

## New for Griptight

Lewis Woolf Griptight have launched a new catalogue detailing their five main ranges.

Broken down into teats, feeding bottles, soothers, and breast feeding items

and sundries, each section has a cartoon character with backgrounds reinforcing Griptight's pink and blue colours. Lewis Woolf Griptight. Tel: 0386 553386.

## Reflex goes on TV

The Wisdom Reflex toothbrush will be supported by a television campaign followed by Press advertising.

Beginning on March 15 and running until the end

of June, the television advert uses the theme "as close as teeth and a toothbrush can get". Press advertising runs from April until the end of July. Addis Ltd. Tel: 0992 584221.



The Celeste range takes on a new look for the spring with revamped packaging plus new display stands to match. New for the spring is a range of animal print accessories, including scrunchies (£1.49), hairbands (£1.99) and roller (£3.99 a pack). Jackel International. Tel: 091-250 1864



# PHARMACY RETAILING. IT'S A HIGH PRESSURE BUSINESS.



Visomat OZ 20  
Fully automatic



Visomat OZ 2  
Semi-automatic

At a rough guess, how many of your customers suffer from high blood pressure? One in twenty? One in twelve? One in eight? Surprisingly, one in four of the over-forties suffers from this condition. And of all UK adults, almost one in five has high blood pressure as defined by the United Nations Health Council. And yet apart from the occasional visit to their GP for a check-up, most

people have no way of monitoring this vital indicator of their own state of health.

A Visomat home blood pressure monitor could meet this need. Simple to use, accurate and affordable, Visomat monitors enable almost anyone to check his or her blood pressure regularly, giving a clear digital readout of pulse rate, systolic pressure and diastolic pressure. Visomat home blood pressure monitors, which retail from just £69, are available only via independent chemists

like you. Margins are generous and Visomat's eye-catching promotional material helps the message to reach the target market. For further details, just refer to the Hestia insert in this magazine. Or simply contact your AAH representative.

Sales potential? In Germany, where the market is more mature, Visomat monitors are the market leaders, their accuracy qualifying for the sought-after German Quality Standard. And in a high-pressure market, that's the kind of reassurance that could help you relax and enjoy a profitable future.

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INTRODUCTORY  
OFFER**  
See insert for details  
or contact AAH.



**HESTIA**  
PHARMACEUTICALS

**visomat®**

HOME BLOOD PRESSURE MONITORING MADE SIMPLE



# Immac enters bodycare sector

A range of body care products, targeted at the 25-44 year old working woman, has been launched under the Immac stable.

Called the Immac Body Care Collection, the range comprises four products which have been designed for all skin types and formulated to minimise the risk of allergic reactions, according to Reckitt & Colman.

The range also contains vitamins A, B5, E and F, minerals and plant extracts.

Invigorating Body Scrub (£5.50) contains rounded microspheres which gently roll over the skin, removing dead cells and its foaming agent cleanses and purifies.

Immac Body Toning Gel (£8.95) will help break down fatty areas, while firming, toning and revitalising smooth skin contours, says the company. The gel contains a combination of herbal ingredients, as well as extracts of arnica and green tea, vitamins and minerals.

Immac Moisturising Satin Mousse (£5.95) and Immac Body Conditioning Milk (£5.50) are designed to help restore the skin's natural moisture balance, while providing suppleness and elasticity.

The range has been packaged for maximum on-shelf impact and will be supported by a £1 million Press advertising campaign which will run in selected women's publications from May.

● Also new from Immac is Immac Sensitive Cream, new fragrances and the 1992 annual review of the depilatories market

The new cream is formulated with a lower pH for sensitive skins.

The new fragrance is lighter and available in Immac cream in 50ml, 100ml and 150ml, and in the Immac Roll-On Lotion.

The Immac depilatories market annual report states that this sector grew to £18m during 1992, despite difficult trading conditions.

Creams maintain their market dominance, with Immac increasing its brand leadership to 55.9 per cent, a growth of 37 per cent.

Shaving aids increased their value in 1992 from £0.7m to £1.1m. **Reckitt & Colman. Tel: 0482 26151.**



## Morgan's add hair darkening mousse

Morgan's Pomade are adding a hair darkening mousse for men and women to their range.

It is non-greasy, suitable for all hair types and will restore grey to natural looking colour gradually, says the company. It comes in a 175ml aerosol (RSP £3.88; £26 for 12).

As an introductory offer, Morgans are giving away

two 100g packs of Morgan's Pomade free with the pre-pack display unit. The unit includes two hair darkening mousses, three 100g Morgan's Pomade, two 50g Morgan's Pomade, two 50g Morgan's Perfumed Pomade and two 100ml Morgan's hair darkening cream.

**Morgan's Pomade. Tel: 0227 792761.**



## Dolvan for cold relief

Dolvan tablets, from Norma Chemicals, are indicated for symptomatic relief in the common cold and influenza and in nasal congestion associated with allergic stimuli.

The active ingredients are: diphenhydramine hydrochloride (7.5mg); ephedrine hydrochloride (7.5mg); paracetamol (300mg), and caffeine (30mg).

The recommended dose for adults and children over 12 years is one or two tablets three times daily. The dose should be reduced to one tablet three times daily in the elderly, and its use is not recommended in children.

It is available in packs of 20 strip-packed tablets with an RSP of £2.36. **Norma Chemicals Ltd. Tel: 071-722 1067.**

## Compact Prism

A compact size of the Givenchy Prism is available. The compact Prism is available in Ivory or Crystal shades (£15.50). As a Summer offer,

Givenchy will be offering a Prism brush free with two Givenchy Beauté items, including a full size Prism. **Parfums Givenchy. Tel: 0932 245111.**

## Get fit for Summer

Healthcrafts are giving pharmacy assistants the chance to win some keep fit equipment in a new competition. And everyone who displays the Seatone "mobility" shelf edger will get a free mug.

To win an exercise cycle entrants need to read the information card and complete the word grid on

the card. Five runners up will win a jogger mini-trampoline and there are 16 third prizes of an exercise mat.

The closing date is March 31. Competition forms and free mugs are available from Healthcrafts representatives. **Healthcrafts. Tel: 0932 336366.**



## Refreshing additions for Cacharel

Cacharel pour l'homme has moved into the bathroom with a range of grooming products.

There are three products, all of which contain oligo extracts to stimulate skin. Hydrating aftershave gel will soothe and moisturise skin with bisabolol, glycerol, mint

and lavender. Hair & Body shampoo will cleanse skin and add volume and shine to hair. For the final touch, add cooling body splash. Further additions include alcohol-free aftershave balm and Pure Air deodorant. **Prestige & Collections. Tel: 081-979 6699.**

## Fragrance début

Très Jourdan is the new fragrance from the fashion house Charles Jourdan.

A fruity floral, it has notes of peach, jasmine, rose, lily of the valley, violet and vetiver. The bottle mimics a fan.

It is available as eau de parfum in a flacon (30ml £55) or spray (30ml £29; 50ml £39) and eau de toilette in a flacon (50ml £29) or spray (30ml £27; 50ml £33). **Muelhens Ltd. Tel: 0372 724711.**



An extra 25ml fill is now available on Celsius 150ml Body Sprays. With the extra fill flashed on the packs, the offer is available in four fragrances: Original, Atlantic, Panama and Caspian. **Jean Sorelle. Tel: 0733 281000**



### Money back

Philips are offering cashback on Philishave shavers. Customers will receive £15 cash back on an HS980 or £10 on any other shaver retailing at over £40. The promotion will be advertised in the daily Press. **Philips. Tel: 081-689 2166.**

### Robinson offer

AAH customers can claim discounts and Marks & Spencer vouchers when they order Robinson surgical dressings. Customers will receive a 20 per cent discount when buying over £75 worth. They will also receive a £20 voucher with £400 worth, a £10 voucher with a £240 order and a £4 voucher with a £100 order. **AAH Pharmaceuticals. Tel: 0928 717070.**

### Jericho move

House of Nature are the new UK distributors of the Jericho range of toiletries, based on Dead Sea mineral extracts. For details contact **House of Nature. Tel: 0790 54041.**

### Vitamins on TV

Sanatogen vitamins and cod liver oil are being supported with two television commercials until the end of March. **Roche. Tel: 0707 328128.**

### End to limescale

Dylon have added Jug Kettle Descaler to their Oust range. It contains citric acid and will work in 30 minutes. The original Kettle Descaler remains as a powder. Both retail at £0.99. **Dylon International. Tel: 081-650 4801.**

### Right number

The correct telephone number for Whitehall Laboratories should be 071-636 8080, and not as stated in *C&D* last week.

### Ultrabrite offer

Colgate-Palmolive are offering 10 per cent extra free on Ultrabrite toothpaste until the end of March. **Colgate-Palmolive. Tel: 0482 302222.**

Natural Beauty Products, manufacturers of Naughty but Nice toiletries (*C&D* Mar 06) would like to point out that their correct telephone number for enquiries is 0656 766566.

### Buttercup in 10s

Buttercup Pol'n count is now available in a ten day treatment pack (60 tablets £3.29). The company has produced a consumer leaflet which will be available through pharmacy. **LRC Products. Tel: 081-527 2377.**

## Mother's Day ideas

With Mother's Day coming up, Jean Sorelle have introduced gift sets to the Potter & Moore collection for Spring.

A window box presentation holds 100ml foam bath and body lotion in Chintz, Rose and China Blue fragrances (£2.99). Also available is a box holding two 75g soaps in Rose, Chintz and China Blue (£1.99). **Jean Sorelle. Tel: 0733 281000.**

## Total grooming from Polo Crest

A range of grooming products have been added to Ralph Lauren's Polo Crest fragrance for men.

The products include Polo Crest shaving foam, aftershave balm and lotion, shower gel, soap and deodorant stick. **Prestige & Collections. Tel: 081-979 6699.**



Following the launch of the Bilange body sponge, the Perfumery Marketing Company have added the Bilange back sponge, claimed to be the first ever designed for the back. The sponge retails at £8.95 and comes in apricot, pink, coral, blue, green and aquamarine plus four combination colours. **The Perfumery Marketing Co. Tel: 0702 435800**

# IT TOOK 3 YEARS AND £50 MILLION TO DEVELOP. IT'S BEEN TESTED ON 70,000 MEN. THEY WANT IT. NOW.





# Points of law

## Misleading descriptions

When a business wrongly describes goods or services it provides, or breaks the regulations concerned with the pricing of goods or services, it is liable to prosecution under the Trades Description Act. Not only can the business itself be prosecuted, but also any individual associated with the business such as an owner, partner, manager or director.

If it is claimed that there has been a breach in the law he or she may plead either that the offence was due to a reliance on information supplied to them, or that it was due to the action of another person, or due to some accident.

When either of these defences is used, it must be shown that the person took all the reasonable precautions.

For example, a manager may make a plea that it was not he that wrongly described an article being sold by the business but an over enthusiastic employee. On its own this would not be a sufficient defence. The manager would also need to show that he had warned the employee about the danger. This would mean that the employee was under no misapprehension that there would be a breach of the law.

## In writing...

You should make certain that, within 13 weeks of an employee entering your employment, he or she is given written details of his or her terms and conditions of employment.

This is a legal requirement. Although there is no fine imposed for failing to provide this information, an employer could be taken to an industrial tribunal and have those details filled in on the basis of what the tribunal thinks that employee's terms and conditions of employment should be.

If a claim should arise for unfair dismissal compensation, and it emerges that you never bothered giving the employee a written statement of the terms and conditions of employment, it is unlikely to do your case any good. This is especially true if the issues rest on whether you have been a reasonable employer.

The exception to the general rule is that these need not be given to employees who work for less than 16 hours a week.



## EC boosts women's maternity rights

An EC Directive on pregnant women's right at work has been adopted by European Community ministers.

The Directive will affect the following areas:

- protection against dismissal
- maternity pay
- maternity leave and the right to return to work
- contractual rights during maternity absence
- health and safety.

Under the Directive all women employees are entitled to protection against dismissal for reasons connected with pregnancy, regardless of their length of service. Currently, under the Employment Protection Act, women must have two years of full time service or five years' part time service to claim protection against unfair dismissal.

The Directive removes this qualifying period. This means that women who do not have the necessary qualifying period will not now have to rely on the less certain protection provided by the Sex Discrimination Act.

Also, women employees will be entitled to 14 weeks maternity leave at a rate of pay no lower than normal sickness benefit. This is again regardless of their length of service with an employer. This represents a significant improvement in the maternity benefits which presently require women to have been employed for six months in order to qualify for lower rate Statutory Maternity Pay (SMP).

Under the Directive, member states cannot downgrade any of their current maternity

rights. Under present legislation women with two years' service are entitled to a maximum of 40 weeks' maternity leave.

Hence, the government is obliged to retain this right. Also, women who have two years' service are entitled to SMP paid at 90 per cent of their earnings. Once again, this right will also have to be retained.

Under the Directive, women's contractual rights must be preserved during their absence. The Employment Protection Act does not say how the contract of employment should be treated while a woman is away on maternity leave. Many employers regard the contract as being suspended until the employee returns to work. This means that many women do not receive benefits such as bonuses while they are absent.

How generous will the government be in interpreting the proposals? If it is interpreted to mean all "contractual benefits" then women will be entitled to every benefit they would have received if they had not been absent, for example the use of a company car.

It is also not clear whether the contractual benefits will apply only to the minimum 14-week leave or will be interpreted to include the 40-week maternity absence for women with two years' service.

A health and safety measure included in the Directive is that pregnant women will not be required to work at night if this would be a risk to their health. Member states must implement the Directive within two years.

## VAT trading statistics

The threshold at which traders are required under the new VAT rules to submit a supplementary statistical declaration (SSD) is £135,000 for both dispatches and arrivals.

If a business exceeds the threshold only for arrivals of goods and not dispatches, then SSDs are completed only for arrivals. Similarly if it is dispatches that exceeded the limit then only these need be reported.

The threshold will be renewed annually. It will be set in October of each year and come into effect from January of the following year.

A special office has been set up by Customs & Excise to maintain the register of traders and make certain of compliance with the rules. Businesses identified by Customs & Excise as needing to complete SSDs should have received a copy of the Intrastat Classification and Nomenclature, which gives the classification codes to be recorded.

Should you need further information about SSD the address of the unit is Intrastat Managing Branch, Tariff and Statistical Office Branch 8, HM Customs & Excise, Portcullis House, 27 Victoria Avenue, Southend-on-Sea, Essex SS2 6AL.

## Directors' accounts

Recently the Department of Social Security has clarified the situation regarding the National Insurance contributions of directors whose personal bills are paid by their employing company and who then reimburse the company by reducing the credit balance of their loan or current accounts.

Provided there is a definite evidence of reimbursement, and there are sufficient funds in the loan/current account to meet the cost of the personal bills, there will be no liability for National Insurance contributions. In the case of an overdrawn account, liability will normally arise only on the overdrawn amount.

However, National Insurance inspectors may require evidence of reimbursement. But where contributions have been paid, which in the light of this interpretation of the rules ought not to have been made, a refund is available.



This 34 year-old man is complaining of a persistent cold and, in particular, a runny nose and congested sinuses which he says has lasted for over a month. Although you haven't seen him for a while, you know him well because he always gets his prescriptions for migraine prophylaxis from you. He works at a chipboard factory and has recently been moved to work as a saw operative, a job he dislikes and finds stressful

Q

1. What could account for the symptoms?
2. What details of his history do you need to know?
3. Are these drugs appropriate?
4. What action do you suggest?

A

1. There may indeed be a persistent viral infection, though colds do not last more than a few days and other possibilities seem more likely. The symptoms may be due to occupational exposure to dust or allergens, or to a rebound nasal congestion following over-use of sympathomimetic nose drops — you can see from the prescription that he has had them before. Consider also whether his dislike for this type of work and the stress he is suffering is worsening his perception of the symptoms.
2. You need to know whether

the symptoms are temporally related to the change of work or exposure to dust and how the nose drops have been used in the past. You should exclude the possibility that similar problems have occurred previously, which may indicate underlying medical factors.

3. No. Sudafed SA contains triprolidine, a sedating antihistamine that is inappropriate for a machine operator. Furthermore, it is still unclear whether the symptoms have an allergic basis and whether an antihistamine will help. Sympathomimetics given in combination with a beta-blocker may provoke hypertension.

4. You need to know the cause of the symptoms. Slowly withdraw the nose drops: an exacerbation of symptoms should be expected initially and will have to be treated without drugs — for example, by steam inhalations — with simple analgesics for headache. If symptoms persist, it will be necessary to take time off work or alter the work environment to determine the possible role of occupational factors. He is unlikely to want to change his effective migraine prophylaxis, so sympathomimetics should be avoided unless the symptoms prove refractory. These changes should be discussed with the GP, who should consider the possibility of other diagnoses.

Initials and one full forename	
Address	
Pharmacy Stamp	
Pharmacist's pack and quantity endorsement	No. of days treatment N.B. Ensure dose is stated
NP	
<p>Rx Beta-progure x 84 i ad Xylometazoline drops 1op as before Sudafed SA x 30 i tds</p>	
Signature of Doctor	Date

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LAUNCH.  
£15 MILLION  
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SAMPLES.**









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# Council on road to 'fair' distribution of pharmacies

The Royal Pharmaceutical Society's Council is to set up a working party to consider the criteria for determining which small pharmacies should be protected as "essential" and for allowing pharmacies to open in underprovided areas.

Members of the working party will include representatives from family health services authorities and a consumer organisation.

Debating on the implications of changes in NHS remuneration, John Ferguson, secretary and registrar, said Council's main concern was to ensure that the distribution of pharmacies gave the great majority of the British public convenient access to a comprehensive service.

The proposed professional allowance will be given only to pharmacies which meet stated criteria. One of these will be the number of scripts dispensed, but a special allowance might be paid to "essential pharmacies" that did not meet the normal criteria.

An important point was how to define such a pharmacy. There would be little difficulty in identifying essential pharmacies in rural or semi-rural areas and Council should concentrate on factors which made a pharmacy essential in other areas, such as housing estates and shopping malls, said Mr Ferguson.

The present essential small pharmacies scheme only protected existing pharmacies and did nothing to encourage pharmacies to open in underprovided areas.

Dr Alison Blenkinsopp said there was a need to define what was an underprovided area and what were the essential services that a pharmacy had to provide. The treasurer, William Darling, who proposed the working party, said it should not consist only of pharmacists as it was important to show that the profession was

looking at public need rather than its own interests.

Dr D. Hopkin Maddock said it was verging on the impossible to develop criteria to be used for essential pharmacies because circumstances differed so widely in different areas. The right idea might be to work out how an FHSA should be guided in providing pharmaceutical services for a community.

Lord Peston said there was no point in the exercise unless the working party looked at economics and came up with a solution which saved money. It was clear that the day of the small

pharmacy was over because in some areas they would still provide an essential service. FHSAs would decide which pharmacies were essential and the Society should consider the criteria they would apply.

Alan Nathan said that as well as seeking to preserve essential pharmacies, Council should also consider how the Society could help pharmacists who would be financially damaged by the new



remuneration arrangements. But Gordon Appelbe argued that anyone opening a pharmacy took a commercial risk and the Society could not get involved in commercial activities.

## MCA pressed to remove laxatives from GSL status

Council is to ask the Medicines Control Agency to remove stimulant laxative products from the General Sales List so that greater control can be exercised over their sale as Pharmacy medicines.

After talks with the Prevent Laxative Abuse Now campaign and examining a document on the GSL laxatives available, the Practice Committee recommended that stimulant laxatives should be sold with a maximum of three days supply in a pack.

**Regions under scrutiny** Council is to study the Society's regional and branch structure to identify their potential role in the light of changes within the FHSA/NHS structure.

**Pharmaceutical care charter** Council agreed that if the Department of Health did not distribute its Patient's Charter for Pharmaceutical Care by March 22, the Society would publish the document in full so that the information would be available for LPCs to discuss with FHSAs. Council also agreed that a draft standards document on pharmaceutical services should be drawn up.

**Professional indemnity insurance** The standard premium for indemnity

insurance for hospital pharmacists is to rise from £44 to £45 in 1993-94. Pharmacists employed in high risk areas will be able to obtain cover of £1 million for a £55 premium and £1.5m for £65 for a trial period of one year.

**Dispensing doctors** Derbyshire FHSA has launched an initiative to introduce quality standards into doctor dispensing. Areas covered will include medicines storage, the checking of dispensing and the training of staff. It is understood that the Dispensing Doctors Association is considering adopting the Derbyshire standards.

**CAPD supplies** There is no immediate prospect of consumable items for continuous ambulatory peritoneal dialysis becoming available on FP10. The Department of Health had said that no new dressings or appliances are being added to the GP-prescribable list for the current financial year.

**Tomlinson report** Council agreed to request representation on the primary health care forum which is to advise the London Implementation Group set up by the NHS management executive.

**Veterinary medicines Directives** Council agreed that the Society should meet with the Veterinary Medicines Directorate to clarify points in a European Community consultation paper on veterinary medicines. The paper proposed a list of categories of medicines that would be Prescription Only throughout the EC but allowed certain preparations to be subject to derogation in various member states. There is some concern about the term "derogation" and whether this will be temporary.

**Incontinence aids** Some local initiatives were taking place in which pharmacists were involved in the free supply of incontinence aids, which were usually issued through the health authority or social services. Local arrangements should be made by pharmacists to ensure payment for distribution of such supplies. No action is to be taken on a national basis.

**'There will be a reduction of 1,000 owner managed pharmacies in the next five years'**

single proprietor was over and he did not think the working party could do anything useful.

Marshall Davies said there should be opportunities to amalgamate pharmacies to promote larger and more effective ranges of services. To do that, the remuneration structure and the control of entry into pharmacy would have to change because the services were costly. FHSAs should be able to define where they believed pharmaceutical services should be provided and should pay for them.

David Sharpe said pharmacists had to accept there would be an arbitrary cut-off point. He was not sure what a working party would achieve. He predicted there would be a reduction of over 1,000 owner-managed pharmacies in the next five years, but he did not agree that the day of the small single pharmacist



The College of Pharmacy Practice recently held its first exam school to help candidates prepare for one of two compulsory assessments due to take place on April 1. Twenty pharmacists from all over the UK attended, and since feedback was very encouraging it is hoped to organise similar events in the future covering other aspects of the membership exam



**new**

# SURE SENSIVE

Introducing Sure Sensitive, the unique new deodorant that will have a powerful effect on your sales.

Sure Sensitive is a totally new deodorant specifically designed to bring new female users into the market, growing the Sure brand and the value of the sector overall.

- Sure Sensitive gives effective protection all day long but is gentle on the skin.
- Sure Sensitive is particularly suitable for use by women after underarm shaving. 50% of women shave under their arms once a week and 90% of these use a deodorant every day.
- Sure Sensitive contains Aloe Vera and comes in three variants: Spring Dew, Vitality and Unscented.
- Sure Sensitive's roll-on has a special new formulation so it goes onto the skin feeling smooth and dry.
- The Sure range will be supported by nearly £7 million MEAL advertising spend in 1993 and Sensitive will have its own execution.



Sure Sensitive is expected to represent over 5% of the UK market after only 12 months and will keep the Sure brand as Britain's number one deodorant.

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## Fybogel Orange as never expected

We have to admit it, when we got the taste-test results we were amazed. We had expected there to be some improvement, but not quite this much.

The taste-tests revealed that new formulation Fybogel Orange was not only the best-liked flavoured fibre product for fruitiness, aftertaste and drinkability, but also the best-liked flavoured fibre product overall.<sup>1</sup>

**FYBOGEL PHARMACY PRESCRIBING INFORMATION** **Indications:** Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken with water) Adults and children over 12: One sachet morning and evening. Children 6–12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warning, etc:** Fybogel is contra-indicated in cases of intestinal obstruction.





# WW

ed before

Needless to say we're delighted with the improvements and we expect your customers will be too. And, of course, you can still rely on Fybogel Orange to keep your customers regular.

**NEW**  
**Fybogel Orange**  
Ispaghula Husk BP

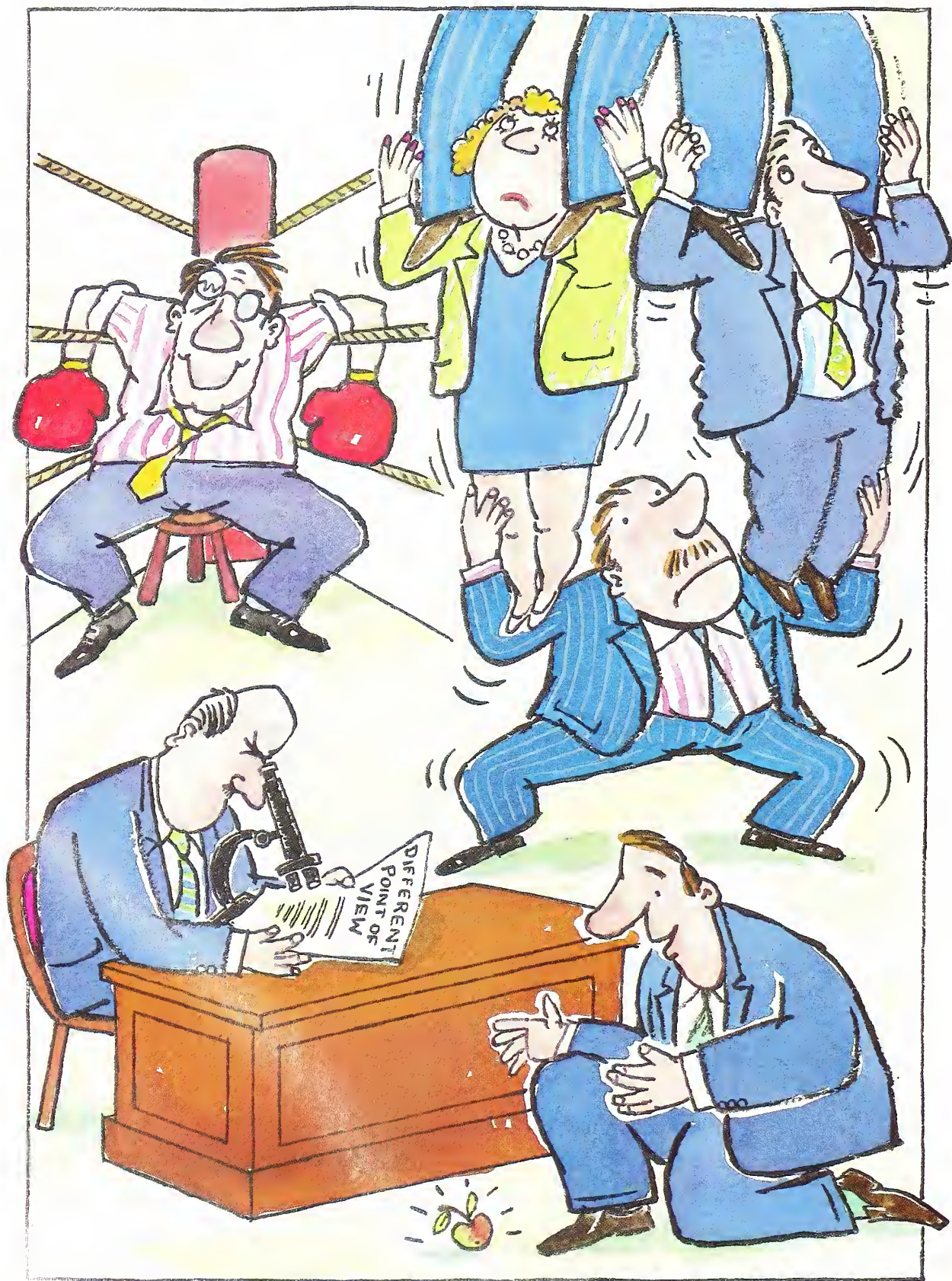
**Regular as clockwork**

 **Reckitt & Colman Products Limited**

phonic atony. Each sachet contains 3.5g Ispaghula husk BP. **RSP Price:** 10 Sachets £1.25, Eire 79p. **PL NO.:** Fybogel 0044/0041, **Irish PA** 27/2/1, Fybogel Orange 0068, **Irish PA** 27/2/2. Reckitt & Colman Products Ltd, Hull, HU8 7DS, from whom further information is available. Fybogel, Fybogel Orange, and the sword and are trademarks of Reckitt & Colman Products Ltd. **Reference:** 1. Market Research Report, R&C Report No. 9293; Data on file, 1992.



# Management thoughts





# for the day

A small business functions best when employees and management are both pulling in the same direction. It is up to the manager, apart from providing a focus for decision making, to involve staff and foster that team spirit. There is no textbook solution, but to help managers get it right more often, C&D offers some management thoughts for the day...

**Being decisive isn't always being positive**

**Mistakes are learning experiences**

**Constructive feedback is developmental**

**Crab apples need praise and encouragement**

**Clear managers get there fast**

**A complaint is an opportunity to improve service**

**Every fear is a challenge in disguise**

**Divide and rule = less than the sum of the whole**

**The number of people affected by a decision = the number of people involved in the decision making process**



**The strength of an organisation is derived from the strength of the cross-departmental links**

**Public criticism is destructive**

**Your failure to manage time affects my ability to manage my time**

**Discussion takes time but creates team spirit and a feeling of belonging**

**Being assertive does not mean being rude, impolite and unkind**

**Discussions with others advances your thought processes**

**Managers have a responsibility for supporting other managers**

**Take a small step; review experience; amend. Repeat. Each time a step nearer to perfection**

**Public praise is better than private praise**



**Different views are not a challenge to leadership but the pointers to progress**

**In the absence of objectives defined by others, define your own**



**Persistent corner fighters need reassurance and guidance**

**Build individual confidence for better performance and the glory of the team**

**A viewpoint alien to yours needs full and careful consideration**

**Support and encourage the weakest member of the team to strengthen the whole**

**Providing the opportunity for people to talk through failures is a major step in rehabilitation**

**Glory to a team member is glory for the team as a whole**



Modern advertising techniques can overshadow more tried but tested ideas. Robert Paterson points out that a simple leaflet drop can be a cheap, cost-effective way of communicating the services offered by any modern independent pharmacy

A house-to-house leaflet drop is a very effective way to communicate a sales message. Pharmacists could do well to consider using this form of marketing to boost their business.

Leaflets have an advantage over local newspaper advertising in that it is possible to direct distribution to cover specific areas at the right time.

Thousands of leaflets are printed every week, but not all of them receive a welcome when they fall on the mat. The unimaginative leaflets, particularly those lacking information about the services offered, are destined for a quick journey to the waste bin. However, the occasional leaflet campaign can do a lot to focus attention on a pharmacy and need not be in any way unethical.

## Marketing

A leaflet drop is a marketing exercise, and as such must be planned with care — don't go in for leaflets just because it seemed a good idea at the time. It is very easy to waste money this way. Ask yourself: "Why do I want to use leaflets? Will they help my pharmacy?" If you cannot come up with a good answer then it is best to forget all about the idea.

Some reasons for using leaflets:

- To promote your dispensing service and other pharmaceutical services, giving opening hours and generally telling people who you are, where you are and the benefits you can offer customers.
- Pre-Christmas promotion. Here the emphasis is on toiletry gift sets, cameras as presents and seasonal purchases.
- Summer season. A leaflet can be used to publicise your pharmacy as the centre for photographic products, sunglasses, sunburn creams, travel sickness remedies and headache cures.
- Change of ownership. A leaflet campaign spread over a wide catchment area is ideal for telling the public that their

# PAPERING THE CITY



neighborhood pharmacy has a new owner.

- Leaflets dealing with special services such as photography, baby care, seasonal remedies (cold cures, cough mixtures) and first aid supplies).
- Celebrating the birthday of a pharmacy — say its 70th year in business. Here line drawings of early dispensing aids such as a pill machine, old prescription books, pestle and mortar and a carboy can set the scene for a bit of nostalgia — always a good eye-catcher.

## Financial outlay

What will be the cost? The answer to this is that it depends on whether you plan to use a simple basic leaflet — white paper with black lettering, or to go in for something colorful

with illustrations. Size and type of paper are important considerations and it is a good idea to get samples from various printers.

As a guide here are the standard international paper sizes:

A5	8.25 by 5.75 in
A4	8.25 by 11.25 in
A3	11.25 by 16.50 in
A2	16.50 by 23.50 in

A simple basic leaflet using A5 white paper and one colour lettering can cost about £30 for 2,000 copies, but always shop around as there are some bargain prices to be found. I discovered a printer quoting £59 for a run of 5,000 leaflets. For a little extra you can have coloured inks or introduce a

line drawing. However, artwork can be expensive adding perhaps £25 to the bill, and using a photograph can involve plate charges of £30. Have a talk with a quick-print shop — you will find their charges are reasonable.

## Layout guidelines

A leaflet is very much a part of the selling process and should follow the simple "A.I.D.A." formula for creating a satisfactory response, which simply means:

- To attract attention — a striking headline, an illustration or an eye-catching slogan.
- Create interest in the benefits you are offering.
- Building up a desire to have some of the good things you are selling.
- Taking action, by deciding to know more by visiting the pharmacy.

Keep everything very simple, use words that can be understood, and make sure that every sentence puts over a selling point.

A leaflet has two main parts: the headline and the "body" copy. It is the headline that sets the scene. It can be an illustration, a slogan, an appeal for attention or your name printed in colour.

The main body of the leaflet should be full of useful information about your pharmacy and the services you offer. Facts that sell are what holds the attention.

Only use illustrations when they have a definite link with the copy. Line drawings can create added interest and a photograph, perhaps of your shop frontage, is a good focal point.

Don't be negative.

For example, never say "Why not visit our pharmacy?" Use instead the more direct approach such as: "For professional advice and modern remedies visit our pharmacy."

House-to-house delivery is best form of leaflet distribution, although some retailers prefer to hand them out in shopping areas. Get your staff, the family, friends and schoolboys to help with getting the leaflets into the right letter box.

You can use an agency, and many printers will quote for a full package including printing and a house-to-house drop. The free papers that are delivered by hand every week offer a guaranteed distribution and usually charge about £12 per 1,000.





# **WARNING**

## **THIS TAX COULD SERIOUSLY DAMAGE THE HEALTH OF YOUR BUSINESS**

It's strongly rumoured the government will impose VAT on magazines and newspapers. Not just daily and Sunday newspapers, but magazines like this one. Magazines providing information designed to help you in your work, to run your business. Specialist information which can only be obtained from specialist magazines.

For publications bought by you or your company it will mean an increase in cover price. It's also possible that magazines you receive free will be subject to an imputed cover price, forced to pay a non-refundable tax on income they can't earn, money they

haven't got. Your favourite most job-useful magazine could be closed down.

VAT on specialist business magazines would be a tax on information, a tax which would drastically reduce the range and quality of information that helps businesses to grow, compete, increase efficiency and market their products. Information which only the specialist business press provides.

Public opinion can change government policy. If the information provided by the business-press is important to you, if you disagree with a tax on information, fill in the form below and

send it freepost to Ian Locks at the Periodical Publishers Association. In addition, a letter to your MP would be very helpful.

To: Ian Locks, Chief Executive,  
Periodical Publishers  
Association,  
Freepost, WC2B 6UN

I disagree with any government  
proposal to tax information, by  
imposing VAT on specialist  
business magazines.

Name:.....

Job Title:.....



NEW

NICCO



Kabi Pharmacia has used its unrivalled experience in smoking cessation to create a patch that closely reflects the needs of the smoker who wants to give up.

Nicorette<sup>®</sup> Patch is unique in the field of smoking cessation by offering transdermal delivery of nicotine through the *waking hours only*.

Applied in the morning and removed before bedtime, Nicorette<sup>®</sup> Patch avoids night time administration of nicotine, *minimising the risk of sleep disturbance*<sup>1</sup> while giving just enough through the day to help beat the craving.

The nicotine plasma profile<sup>2</sup> of a typical smoker rises through the morning reaching a plateau through the afternoon and falls again while asleep.

#### Abbreviated prescribing information

**Nicorette<sup>®</sup> Patch 15 mg, 10 mg and 5 mg.** Presentation: Transdermal delivery system available in sizes (30, 20 and 10 cm<sup>2</sup>) releasing 15 mg, 10 mg and 5 mg of nicotine respectively over 16 hours. Indications: Treatment of nicotine dependence, relief of withdrawal symptoms associated with smoking cessation. **Dosage and Administration:** Nicorette<sup>®</sup> Patch should not be used concurrently with other nicotine products and patients must stop smoking completely when starting treatment. The recommended treatment programme should occupy 3 months. One Nicorette<sup>®</sup> Patch should be applied to a dry, non-hairy area of skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours within any 24 hour period. Patients are recommended to commence with one 15 mg patch daily for the first 8 weeks. Patients who have remained abstinent should then be supported through a weaning period, consisting of one 10 mg patch daily for 2 weeks followed by one 5 mg patch daily for a further 2 weeks. Patients should be reviewed at 3 months after treatment. If abstinence has not been achieved, further courses of treatment may be recommended if it is considered that the patient would benefit. **Contra-indications, Warnings etc.:** Contra-indications – Non smokers, children under 18 years, pregnancy, lactation, known hypersensitivity to nicotine or component of patch.

**Precautions:** History of angina, recent myocardial infarction or cerebrovascular accident, serious cardiac arrhythmias, systemic hypertension or peripheral vascular disease, history of peripheral vascular disease.

WORLD LEADER IN TREATMENTS TO HELP



# NICORETTE® Patch



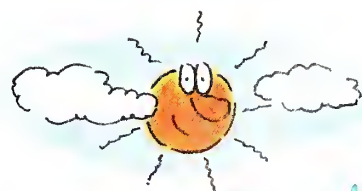
NOT THE SLEEPING HOURS

On giving up smoking the loss of nicotine can result in many unpleasant withdrawal symptoms including craving. Studies show this *craving rises through the day*, reaching a peak at around 7 p.m.<sup>3,4,5,6</sup> A large survey<sup>7</sup> of UK smokers report the most common occasions leading to relapse occurred during social occasions, and while drinking. (Only 4% relapsed in the morning).

For more information on the Nicorette® range  
or "FRESH START" materials, please ring our HELPDESK on

**(0908) 603848**

Answerphone after hours



*Fresh Start!*

er, diabetes mellitus, hyperthyroidism, phaeochromocytoma, chronic generalised dermatological disorders. **Warnings:** Erythema may occur. If severe or persistent discontinue treatment. **Legal Interactions:** See full data sheet. **Side-effects:** Application site reactions (e.g. erythema and itching), headache, dizziness, nausea, palpitations, dyspepsia and myalgia. Other subjective sensations associated with smoking cessation or nicotine administered by smoking may occur. **Legal Category:** P. **Package quantities:** Cartons containing Nicorette® Patches in single patches in the following quantities: Nicorette® Patch 15 mg (PL 0022/0105) – packs of 7 (£9.07) and 28 (£36.28) Nicorette® Patch 10 mg (PL 0022/0104) – packs of 7 (£8.36) Nicorette® Patch 5 mg (PL0022/0103) – packs of 7 (£7.20). **Full prescribing information available on request from:** Kabi Pharmacia Ltd., Davy Avenue, Knowlhill, Milton Keynes, Buckinghamshire, MK4 5 8PH. **References:** 1. Fagerstrom, K.O., et al., J. Smoking-Related Dis., 1991 2 (2), 173-180. 2. Benowitz, N.L., et al., Clin. Pharmacol. Ther., 1982, 32 (6) 758-764. 3. Shiffman, S.M., 1979, Tobacco withdrawal syndrome. In: Krasnegor N.A., (ed) Cigarette smoking as a dependence process. NIDA Research Monograph 23, U.S. Department of Health, Education and Welfare, Washington DC pp 158-184. 4. Schneider, N.G. Psychopharmacology, 1984, 82: 143-144. 5. Gritz, E.R., Jarvik, M.E., 1973, Proceedings of the 81st Annual Convention of the American Psychological Association vol. 1 pp 1039-1040. 6. Gilbert, R.M. & Jarvik, M.E., 1979, Psychopharmacology, 1982 78: 121-124. 7. Gallup, September 1992. Nicorette® Patch is manufactured by Kabi Pharmacia.

  
Kabi Pharmacia

OUR CUSTOMERS GIVE UP SMOKING



## Black eye for Golden Eye Ointment

Mr Thornton's letter (*C&D* February 27) critical of Xrayser's attitude (*C&D* February 20) to Golden Eye Ointment takes great care to avoid any acknowledgement of the basic objection community pharmacists have to Typharm's re-use of a discredited product name.

We spent a lot of time telling a trusting public that Golden Eye Ointment was no longer available because experts in clinical practice had concluded that the potential dangers of the product out-weighed any benefits and, in any event, safer alternative products were available. I often compared the hazards of the product with the hazards of lead lotions (with or without opium), making mention of the risk of heavy metal poisoning etc.

Although I get a little annoyed at times with reformulations, I have learned to live with them, but with one exception — if the product has been discredited then it should be allowed to rest in peace and the name should not be perpetuated or reincarnated.

If Typharm cannot see the credibility problem they have created, may we expect in the fullness of time that, guided by Mr Thornton, they will introduce another OTC brand of co-codamol effervescent tablets, re-introducing perhaps well-remembered brand name "Opren", or a vitamin preparation for the first trimester of pregnancy with the equally catchy and well-remembered name of "Distavel" (when it was last used it was a brand of thalidomide).

I would like Mr Thornton to understand the doubt he has put into the minds of many people who trusted (or want to trust) their pharmacists, now that they can once again ask for Golden Eye Ointment.

"You told me it was off the market — for good — too risky to use anymore — that's what you said, shows how much you know!"

"Yes, but," I reply, "this is not the same preparation — it is a totally different formulation — it does not carry the same risks as the original product."

The final sour comment, although factually incorrect, is difficult to argue! "Yes, but it's still Golden Eye Ointment isn't it? You can't pass something off that isn't what it's supposed to be, that's what the Trades Description Act was all about! I mean, imagine if you bought a tin of baked beans and found it contained peas, it's no good saying that doesn't matter because they are both

vegetables. No, Golden Eye Ointment is what it's always been — Golden Eye Ointment."

I know many of the conditions we make our most successful recommendations for are self-limiting, and I know the value of the placebo effect, but I do not consider placebos are appropriate in treating eye conditions.

At least two pharmacists will not support Typharm's re-hash of Golden Eye Ointment, namely Xrayser and...

**D.J. Savage**  
York

## Letting rip again on pay...

I would like to reply to Mr Ralston of opulent Formby, who is so badly done to that even if he was paid under the Scottish system with fees of over £8,000 per month, he would be calling in the receivers. The fact is that he still gets more in total fees than those doing fewer scripts, but not in fees per item.

How ridiculous to use the Scottish definition of an adequate practice allowance plus a two-tier fee for English and Welsh contractors. The size of their global sum and number of pharmacies is different. The Scots negotiate their own remuneration, and seem to be years ahead of their English counterparts in realising that they want a pharmaceutical service for all the public.

My proposal (*C&D* February 13, p244) is a general one which tries to be fair to as many contractors as possible. Should we go to a flat rate fee, then the smaller contractor needs some protection if he is to survive.

According to Mr Ralston, he would have lost £50,000 over the past five years if we had had a flat rate fee for that period. However, we didn't, and I hope we don't in the future. According to DoH statistics (*C&D* February 20, p296) there are 4,900 pharmacies in England which dispense fewer than 2,742 scripts per month, and under a flat rate fee, most of them will go bankrupt. I suppose Mr Ralston's conscience could live with that but mine couldn't.

I will probably be a minor beneficiary of the flat rate, but I cannot and will not accept it if it means a surge in bankruptcies among my colleagues.

I dare Mr Ralston to come up with a proposal that is fair to most and maybe not as beneficial to him and the other 349 group 6 and over contractors.

**H. Argomandkhah**  
London

## Call to arms over NHS pay...

May I use your Letters section to tell Scottish contractors that the Scottish Pharmacy Support Group can be contacted at 1,009 Cathcart Road, Mount Florida, Glasgow G42 9XJ (tel: 041-632 1202).

May I ask all those adversely affected, and any who are concerned about the injustices of the recent settlement, to support this group. We are also acting with the England and Wales Pharmacy Support Group to reverse the agreement reached by our respective negotiators.

**P. Forrester**  
Glasgow

## Fixed costs for all

Can I reply to the letter from Peter Ralston (*C&D*, February 20) as one of "the smaller contractors who is again riding on the backs of group 5/6 business".

Any contractor, whether group 1 or group 5/6, has certain fixed costs including business rates, heat and lighting, locum fees, staff wages, insurance, telephone, postage, stock, maintenance, etc. These costs are common to all and group 1 does not get them any cheaper than group 5/6.

Most of us, whether group 1 or group 5/6, provide additional services such as PMR, servicing of residential homes, supply of oxygen and ostomy appliances and — most important of all — offer free professional advice to the public and other health professionals every working day.

Maybe we should remind ourselves that community pharmacy is a hybrid of activities, not solely the dispensing of prescriptions. We should welcome the new professional allowance for all contractors looking to expand the role of the community pharmacist as outlined in Nuffield.

Mr Ralston omitted to mention those contractors dispensing less than 1,000 prescriptions per month who, in common with all groups, provide valuable services to the community, as well as dispensing prescriptions.

These contractors will not qualify for the new professional allowance and, at a stroke, will lose a staggering £6,900 per annum. They may well join the other 3 million on the dole — this situation is more than just unfair, but a tragedy!

**Victoria Dawes**  
Rothes

## United defence

Your leading article on February 27 echoes "it is about time the profession united to defend the defensible".

Perhaps you can define what is "defensible". Is it based on how many prescriptions a pharmacy dispenses?

It would be folly to use prescription volume as the only criteria. This would smack in the face of dreams of any extended role for the pharmacist that everyone talks about.

**C.K. Nathwani**  
Southall, Middlesex.

## Misconceived?

I note Mr Sharpe's pleasure in "fathering" the new proposed practice allowance. It's a pity the rest of us couldn't share in the pleasure of its conception, after all we're the ones being screwed down, as it were.

**A Patel**  
London EC1

## No PhAGS?

I heartily applaud the aims of the Pharmacists Action on Smoking Group but, if they had become the Pharmacists Action Group on Smoking, they could have used the acronym PhAGS.

**David Reissner**  
Charles Russell, Solicitors

## Action Romania appeal for help

May we appeal for pharmaceutical equipment for a couple in Bucharest who wish to set up their own pharmacy.

The couple are a qualified pharmacist and a church pastor. The profits will help literacy classes for gypsy children run by his church, and other activities of benefit to the deprived.

This organisation will keep a watching brief and appeal for items. We have an urgent need for a pill-making machine, water distillation equipment, and a mixer for creams — heavy industrial equipment is not what is sought. In addition certain raw materials — "volatile aromas" and "perfume essence" are needed. We can pass on any queries.

**David Milborrow**  
Action Romania, PO Box 7, Battle, Sussex TN33 0UX  
Tel: 04246-2814.

More letters on p466





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## Time for small contractors to face reality

RIP has suggested a points system for the payment of the professional allowance, with a proportion awarded initially and a payment later for improvement. RIP also wishes to retain front loading until a working party has looked into it and devised a "fair" system of distributing the global sum by examining the current distribution of pharmacies.

Another Essex-based group of dissatisfied small contractors has met to "fight the cause of the small contractor". Group 6 and 7 contractors have written complaining that they are unhappy with the continuing support being given to small contractors, and Boots are reported to have offered a different solution to the problem in their own separate submission to the Department of Health.

The PSNC response has been to demand that contractors face facts and that the Government is calling the tune. PSNC feels that it will not be possible to protect the status of the small contractor on the grounds of size alone nor to retain front loading.

My understanding is that front loading was introduced to

ensure that small contractors could survive. Along with the Basic Practice Allowance this ensured that the nation got too many contractors located where they wanted to practice and not necessarily where the public or the paymaster wanted them.

We do now have to face the reality. However, it cannot be the solution to toss the weakest to the wolves, and PSNC should be ashamed of itself for inferring it, if not actually spelling out that message. The actual result in terms of distribution of contracts is clearly not known by anyone except, perhaps, in the perceptions of those small contractors who are protesting.

It is incumbent on PSNC to establish the exact situation which will occur in remuneration terms for contractors in each FHSA area. It is only when the FHSAs and the LPCs become aware of the potential problem that any progress can be made.

In the absence of a definition of "reasonable access", as proposed in the Audit Commission report, and with a "number of prescriptions dispensed" figure plucked out of a hat yet again to define "essential", we are little further forward in establishing a rational and fair distribution of pharmacies. I believe that, intellectually, no pharmacist

objects to the development of a system of remuneration which is intended to reward community pharmacy for providing an essential service.

For the majority of pharmacists in community practice, ie employees, location, distribution and funding arguments are secondary. It is the contractor who calls the tune. Contractors need to be aware of that when developing policy. The RPSGB Council, too, must have a policy, and when it does it must consider the interests of employees.

**P J Curphey**

Ballaugh, Isle of Man

## Scottish deal unfairly criticised?

Peter Ralston (*C&D* February 20) has criticised the Scottish remuneration package unfairly. He concentrates on the gross fee per script and totally ignores differences on overheads.

The Scottish deal pays an extra 50p per prescription for the first 2,650 items per month: this amounts to £15,900 per annum. The professional allowance per annum amounts to £6,900. Thus every pharmacy dispensing over 2,650 items per month is paid £22,800 as a basic.

Since this is a fair salary, and every pharmacy has to have a pharmacist regardless of size, in this respect all the pharmacies are equal. All scripts are then priced at £0.87, regardless of volume, and hence equality is maintained.

The only pharmacies treated unequally are those dispensing fewer than 2,650 items per month, who cannot obtain the £22,800 basic.

Under this argument, smaller contractors are subsidising the larger contractors.

**Dave Thompson**

Isle of Arran

## Your friendly dispensing GP

It is always with some amusement that I read the sanctimonious drivel David Roberts engineers when he puts pen to paper. He, and some of his colleagues, really do believe that the "service" they provide is done solely as a goodwill gesture, and they seem to be persuading some of their misguided patients that a profit motive really is not a consideration. What is your second name, David? Pinocchio!

**Keith Eckersley**

Canterbury

## Generics trade self-destructs

For almost 17 years we have traded as an independent pharmaceutical wholesaler in the North East of England. Our speciality has always been the supply of generics into the retail market. During this period we have seen and — may I suggest — played a role in the rise of the generic industry. Now it would appear we are an unwilling party to the decline and possible fall of this market.

Never have we been so concerned about the generic market place. How much further can we afford to devalue? Why is it that a promising industry which should be looking to the future is committing financial suicide by shooting itself — and our customer base, the retail pharmacist — in the foot?

Who will make a move to develop and maintain a sensible pricing structure to support this industry before it is too late?

Someone somewhere must have the solution. If the generic manufacturers are unable or unwilling to take the lead, perhaps the distributors and their customers should.

**Brenda J. Patchcott**

Managing director, North East Generics Ltd.

## Disgusted of Finchley

I am grateful for your reporting of my comments on remuneration at the LPC Conference recently. I am rather disappointed, however, that you neglected to report on the failed motion from Barnet LPC on helping pre-registered students find employment.

I feel that without the interference of a certain speaker the motion may well have done better, and that reporting it would have offered students seeking appointments a glimmer of hope.

With the continuing downward pressure on remuneration, and the attempt to reduce the number of pharmacies, the availability of places is set virtually to disappear. I have had more than one offer from a student to work without payment, something I cannot accept and which I see as a tragedy for the profession — good training in working for nothing when they are proprietors, as we are currently expected to! I feel absolutely desperate every time I have to turn my future colleagues down.

**Adrian Korsner**

Finchley, London

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## Seton buy ten Crookes OTC brands

Seton Healthcare have bought ten OTC brands from Crookes in a £2.8 million cash deal.

Seton's chairman Norman Stoller told C&D: "We are very happy to have these medicines to add to our range."

The brands which have been acquired are Famel, Acriflex, Anodesyn, Dijex, Fenox, Sea legs, Penetrol, Anethaine, Anestan and Moorland.

During the past financial year, these brands had unaudited sales totalling around £1.5 million producing an unaudited gross profit of some £900,000 before marketing, distribution and administration costs.

For Crookes, the declared strategy is to concentrate resources on their larger brands. Crookes Healthcare's managing director Kevin Wilson said of the sale: "This divestment is in line with our continuing strategy of focusing on our core brands in the key healthcare sectors."

"By selling these brands to Seton Healthcare we are able to concentrate our resources behind bigger brands, such as Nurofen, the E45 range, Optrex and Strepsils."

For Seton, the Crookes purchases follows hard on the heels of their purchase of Cupal (C&D Dec 5, p1031), including

the company's factory in Blackburn.

Seton and Crookes have a manufacturing agreement during an initial handover period, but Seton expect to move production to their Blackburn plant with a year.

Crookes Healthcare customers are being asked to place their orders for the products with Seton Healthcare from Monday.

Seton Healthcare's strategy is to grow their portfolio of pharmaceutical products and strengthen their position in the UK pharmacy sector. All the brands acquired from Crookes have UK product licences and are widely available in pharmacies. And Seton say they will benefit from selective consumer promotion.

Seton plan to build a pharmacy brand portfolio, following the trend of consumers towards self-medication with OTC medicines.

## Zantac placed under the microscope

City dealers marked down Glaxo shares following the news that Zantac faces possible legal action from the American FDA.

The suggestion is that Glaxo contravened US drugs legislation by circulating sales brochures containing false or misleading information.

The FDA have sent a letter to the company requiring them to send a letter of correction to US physicians.

In a statement, Glaxo say they have since met the FDA and are cooperating with the agency in the hope of settling the issue soon.

The company says that the safety and effectiveness of Zantac have not been called into question. However, in theory, a successful legal action could lead to Zantac being taken off the US market.

Zantac has worldwide sales of \$3 billion.

• Glaxo have bought the worldwide manufacturing and marketing rights to high density lipoprotein (R-HDL), from the Rogosin Institute.

The Institute has discovered that R-HDL may be effective in the treatment of septic shock and other shock syndromes.

Details of the agreement have not been disclosed, but Glaxo will be responsible or all development of R-HDL, initially by funding the Institute to do the work for three years.

Human studies are expected to begin in 1994.

## Japan buys Mary Quant brand

Procter & Gamble have sold the Mary Quant cosmetics brand to Mary Quant Cosmetics Japan Ltd.

Procter & Gamble have issued a statement to say they will work with all retailers to manage the wind down of the Mary Quant cosmetics brand over a three month period.

Mary Quant Cosmetics Japan is believed to be planning to phase out the existing UK cosmetics line up, to replace the range with the Japanese product.

## Astra ride high on Losec

Astra's sales of Losec moved up 43 per cent to SKr4,347 million in 1992. This compares to group sales of SKr15,568 million, up 25 per cent on the previous year.

Losec was approved in several more countries last year for the long term treatment of poorly responsive peptic ulcer and severe ulceration of the oesophagus.

In the cardiovascular sector sales were up from SKr2,503m in 1991 to SKr3,083m last year, an increase of 23 per cent. However, part of this growth is accounted for by products acquired with the Italian company Astra-Simes. Excluding Simes, sales growth in cardiovascular was 16 per cent.

The company is still doing well with its respiratory products. Pulmicort, the company's first line therapy for asthma, has

Sales up 25pc to SKr15,568

Pre-tax profit up 50pc to SKr5,120

EPS up 60pc to SKr28

Dividend up 35pc to SKr5.00

shown a 55 per cent sales increase. Astra say the launch of the Turbohaler power inhaler has given the product an important competitive advantage.

The group's pre-tax earnings have increased by 50 per cent to SKr5,120m, while operating profits after depreciation were up 29 per cent to SKr3,958m.

Earnings per share jumped 60 per cent, from SKr18 to SKr28 and pre-tax profits look healthy with a 50 per cent growth to £5,120m.

The board has announced a dividend of SKr5.00, up SKr1.75.

## Pragmatism the victor in US ICI-Barr dispute

ICI and Barr Laboratories have settled their differences over the patent of Nolvadex, ICI's breast cancer drug.

In an agreed settlement ICI is to pay Barr \$21 million and in future Barr will sell a generic tamoxifen citrate supplied by ICI. Barr Laboratories are one of the largest generics companies in America.

The agreement is contingent on a judgement against the validity of ICI's patent in the USA being set aside. This would leave the patent valid.

Industry observers see the settlement as a case of ICI clearing the decks for the forthcoming division of the company into ICI and Zeneca. For Barr, it means the an uncertain legal battle is avoided and the company can continue to market the product.

Barr and ICI agreed that there was "a substantial possibility" that ICI's US patent on tamoxifen would have been held valid and enforceable.

### Combat shrinkage

Business Crime Prevention have published a training workbook to help staff control stock shrinkage. "Shrinkage stock control" costs £180 plus VAT. Tel: 0482 229814.

### Swiftpack relocate

Pharmaceutical packaging firm Swiftpack Automation have moved to: 3 Arden Road, Arden Forest Industrial Estate, Alcester, Warks, B49 6HN (tel: 0789 400880. Fax: 0789 400780).

### Save your breath

The Health and Safety Executive has published a free leaflet giving advice and

information on respiratory protection equipment. "Grin and wear it," ref IND(G) 137L. Tel: 0742 892346.

### Credit business

New credit advanced to consumers in January was £3.93 billion, compared to £4.63 billion last December.

### Evenflo go

Evenflo UK, the subsidiary of the US baby feeding systems supplier, have moved to: 3 Bennell Court, West Street, Comberton, Cambs CB3 7DS (tel: 0223 264777. Fax: 0223 264455). Smaller independents can still be supplied through Foodbrokers.



# Medeva strategy still on target

Medeva have achieved pre-tax profits of £36 million, up 116 per cent on 1991. Chairman Bernard Taylor said: "1992 has been a busy and successful year."

The company has developed a strategy of acquiring products in a late stage of development and bringing them to the market. It has been helped in this approach by pharmaceutical giants reluctant to buy developing products which look likely to generate less than £150m in sales. Medeva's threshold is only a tenth of this, which makes it one of the few buyers for some R&D companies' wares.

In this context, the group bought a third generation hepatitis B vaccine a year ago. This has now completed its phase III development and Medeva are engaged in scale up work at their Speke production plant. The first product licence application is expected to go in early next year.

The company also bought Fefol and Feospan in December last year, completing the company's product acquisition plan.

Recent company purchases have been Armstrong in the USA and Institut de Recherche Corbière.

Mr Taylor described group pre-tax profits as "ahead of expectations". Similarly sales, up from £82.4m to £144.2m, a rise of 75 per cent, is better than Medeva had apparently expected.

However, the company took on some short term borrowing to acquire Armstrong and IRC and gearing has moved up from zero to 47 per cent. The company describes this "conservative" and amply covered by assets.

Sales up 75pc to £144.2m

Pretax profit up 116pc to £36m

EPS up 54pc to 12.9p

Dividend up 50pc to 2.25p

Medeva remain openly acquisitive, and Mr Taylor said: "We need further products and product development in our chosen therapeutic categories."

Medeva has had an unexpected success with sales of methylphenidate, a product which has been around for 38 years — sales have rocketed from about £11.5m to £23m.

The company insists much of its growth is organic and not just by acquisition. But however the figures have been generated an earnings per share up 54 per cent to 12.9p and a final dividend of 1.5p, giving a total dividend for the year of 2.25p, up 50 per cent, looks a healthy situation.

## Goodbye Fernley

One of the oldest pharmacies in the South West has been forced to call in the receivers.

Fernley Wallis of Plymouth, established in 1828, had been over-gearred and had difficulty servicing its borrowings, according to receivers Cork Gully. This was despite an increase in both prescription and counter sales.

It is hoped that the prime site pharmacy and photographic shop, which employs 14, will be sold as a going concern.

## IN THE CITY

Stock markets on both sides of the Atlantic have continued to reach record highs on hopes of an economic upturn. A steady improvement in US employment figures and better lending data in the UK have been key factors in the bull run. Although there has been some uncertainty about the Government's plans for next week's budget, a recent cut in German interest rates has revived talk of a similar move at home.

Against this background, the pharmaceuticals sector has been depressed thanks to growing worries about the impact of President Clinton's health reforms. The sector has continued to weaken as investors move into more cyclical stocks that are likely to benefit from the economic upturn. As a result, in the past three months health and household shares have underperformed the market by about a fifth.

However, the market could soon be warming to shares in Lloyds Chemists, which were hit late last year because of worries about its accounting policies. Several City brokers — including Barclays de Zoete Wedd — were thought to be accumulating the stock ahead of Lloyds Chemists' first half results out last Thursday. Ahead of the figures, City analysts were forecasting taxable profits to jump from £15.4 million to £19.5m because of robust Christmas trading. However, the market is particularly keen to know about current trading prospects. Lloyds Chemists are thought likely to have boosted like-for-like sales by at least 5 per cent in the first half, with the drug store side showing a higher advance than its health food business. Panmure Gordon, the company broker, predicts full year profits to jump from £36m to £47.8m.

Meanwhile 1992 profits from Smith & Nephew, due on the same day, are expected to increase from £132.4m to about £148m before tax. The shares have had a good run on rumours that it could be at the receiving end of a takeover bid from Glaxo. Since then the story has fizzled out, but Glaxo have been in the doghouse despite a good first half result from the company earlier this month. The shares have been hit by renewed worries about a long-running controversy over the marketing of Zantac in the US. The Food and Drug Administration has accused the company of using misleading statements to promote the drug and wants Glaxo to write to American doctors to allay any false impressions about the drug's performance.

London International, the owner of Durex, have been unsettled by a monopolies inquiry into the US condoms market. The inquiry, prompted by reference from the Office of Fair Trading, is the second in 12 years.

## Coming Events

### Caring and sharing

A half day seminar is being organised by the College of Pharmacy Practice entitled "Caring and sharing: the transfer of pharmaceutical care between hospital and community".

It will take place on April 28 at Scarman House, University of Warwick from 2.00 - 5.00pm. Applications forms from Jill Ross, CPP (tel: 0203 692400).

### Unichem trade shows

Unichem have announced the dates and venues of their 1993 trade shows. The southern show will be held at Chessington World of Adventure on Sunday, May 23, and the Northern show at Alton Towers on Sunday July 11.

#### Tuesday, March 16

**Bath Branch, RPSGB**, at Pratts Hotel, Bath, 8pm. Dr Cyril Davies, consultant psychiatrist, Royal United Hospital, on "Care of psychiatric patients in the community". Buffet.

**The Hull Pharmacists Association** at the Postgraduate Centre, Hull Royal Infirmary, Anlaby Road, 8pm. Annual general meeting.

**Lanarkshire Branch, RPSGB**, at the Postgraduate Centre, Hairmyres Hospital, East Kilbride, PQE meeting on "AIDS: Prevention".

**Leicestershire Branch, RPSGB**, Postgraduate Centre, Leicester Royal Infirmary, 7.30 for 8pm. Postgraduate lecture 5.

**North Metropolitan branch, RPSGB**, at School of Pharmacy, Brunswick Square, London WC1, 7.30 for 8pm. Dr Bashir Qureshi, writer and lecturer, on "Alternative therapies popular among multicultural groups".

#### Wednesday, March 17

**Cardiff Branch, RPSGB**, at the Whitechurch Postgraduate Centre, Velindre Road, 7 for 7.30pm. Joint meeting with BMA.

**Northern Scottish Branch, RPSGB**, at the Postgraduate Centre, Raigmore Hospital, Inverness, 8pm. Discussion of motions and election of representative to attend Branch Reps Meeting.

#### Thursday, March 18

**Bedfordshire Branch, RPSGB**, at the Ibis Hotel, Spittlesea Road, Luton, 8pm. Beryl Hawkins, stoma sister at Luton and Dunstable Hospital on "Stoma therapy".

**Dundee Branch, RPSGB**, at Lecture Theatre 1, Ninewells Medical School, 8pm. Professor Sir James Black on "Prospects for new medicines". Joint meeting with BMA.

#### Friday, March 19

**Eastbourne Branch, RPSGB**, at the Congress Hotel, Carlisle Road, Eastbourne, 7.45 for 8pm. Working dinner followed by Michael Burden, RPSGB Council member, on "Pharmacy can be fun".

**South Staffordshire Branch, RPSGB**, Branch informal dinner at the Little Barrow Hotel, Lichfield at 7.30pm.

#### Advance information

**British Herbal Medicines Association** Thirtieth anniversary symposium on **March 11** at the Moat House International, Stratford on Avon Registration £82.25 (non-member, £111.60). Details from BHMA (tel 0934 862994).

**British Association of Pharmaceutical Physicians**. Day symposium on "Global drug development" on **March 17** at the Royal Aeronautical Society, 4 Hamilton Place, London W1. Details from Elizabeth Borg (tel: 071-491 8610).

**British Institute of Regulatory Affairs** Introductory course on regulatory affairs from **March 21-26** at Oatland Park Hotel, Weybridge, Surrey. Detail from BIRA (tel: 071-499 2797).

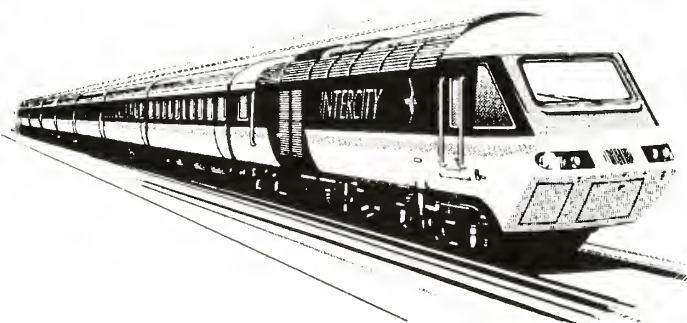
**Proprietary Articles Trad Association** 97th annual general meeting on **March 25** at 3pm at the Marlborough Hotel, Bloomsbury Street, London WC1B 3QD.

**College of Pharmacy Practice**. Study day on **March 28** at Templeton College Oxford, on "GP fundholding — the implications for pharmacists". Detail from Jill Ross at CPP (tel: 0203 692400). Registration by March 19.



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Anyone wishing to obtain a copy of the full terms of reference, or to submit evidence should write to: The Reference Secretary (Rm 502), Monopolies and Mergers Commission, New Court, 48 Carey Street, London WC2A 2JT. (Fax: 071-324 1400). Any evidence should be submitted before 31 March 1993.

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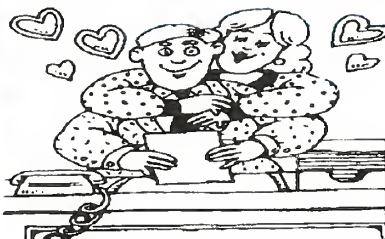
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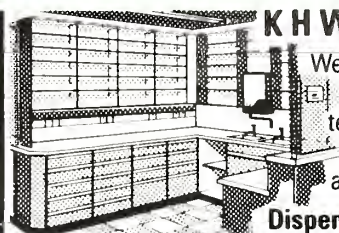
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**BURTON-ON-TRENT, STAFFS.** - Manager required four and a half days per week. Bonus scheme + good conditions. Tel: 0283 64928 (day) 0332 864727 (eve). Mr Perkins.

**POOLE, DORSET** - Job share. Retirement vacancy for pharmacist 4 days a week. Mainly dispensing business. Fully competent staff. Tel: 0202 731764 Mr Bubh.

### LOCUMS

**CARLISLE** - Two Saturdays per month required by Ridley Chemists Ltd on a long term basis. Tel: 0228 21440 (shop) or 0228 24848 (home) Mr F Walker.

**WILLESDEN, LONDON** - National company requires enthusiastic pharmacist for very busy pharmacy. Rate £8.50 per hour, negotiable. Contact David on 0272 356315 (day).

**LONDON SW17** - Locum required Easter period for 2 weeks in relaxed pharmacy. Tel: 081-672 5843.

**HUDDERSFIELD, W YORKSHIRE** - Locum required from March 29 to April 17. Easily run pharmacy with two dispensers. Friendly environment. Tel: 0484 545351.

**CROYDON AREA** - Locum required for Wednesdays initially, with longer periods later. Tel: 081-654 1762.

**LYNEMOUTH, MORPETH, NORTHUMBERLAND** - Part-time pharmacist required on a regular basis 2-4 days weekly and every third Saturday morning. Contact Mrs Leak 0661 835755 or 0661 852646.

### DISPENSING ASSISTANTS

**DISPENSARY/SHOP ASSISTANT** - Required full/part time, Monday-Friday. Tel: 0533 419527.

### SITUATIONS WANTED

**LONDON** - Locum available on long or short term basis, experienced, ex proprietor. Tel: 081-749 8105.

**NORTH LONDON/MIDDLESEX/WHERTS/ESSEX** - Experienced locum available. Tel: 081-445 1861.

**ESSEX AND SUFFOLK AREAS** - Community pharmacist available. Good Friday and also some Saturdays. Tel: 0255 672845 Mr Shervin.

**LONDON** - Experienced, friendly locum available on daily, short-term or long-term basis. Tel: 081-992 7035 (eve) or page 0893 951619.

**NORTHOLT, MIDDLESEX** - Locum required for regular Saturdays, 9am-6pm. Tel: 081-845 9522 Mr Rai.

**PUTSEA, BASILDON, ESSEX** - Locum required for Saturday 3 April, 9am-5pm (shop hours). Tel: 0268 553295 Mr Ashby.

**GREATER MANCHESTER** - Young experienced pharmacy technician accustomed to all aspects of dispensing and all aspects of shop work, seeks short or long term position. Returning to Manchester March 15th. Tel: 061-707 4419 (answerphone).

**LONDON** - Experience locum available

immediately on daily/weekly/long or short term basis. Tel: 081-992 7035 (eve).

**ESSEX/SUFFOLK/LONDON** - Community pharmacist available Good Friday April 9. Tel: 0255 672845 (work).

**GREATER MANCHESTER** - Young, experienced locum (ex-director) with sense of humour seeks short/long term locum positions or managerial posts from March 15th. Tel: 061-789 4519 (eve).

**LONDON AREA** - Experienced ex proprietor requires days on a regular basis. Tel: 081-455 8939.

**SOUTH MANCHESTER** - Experienced locum available April 27, 28 & 29, May 4, 5, 7 & 8. Enquiries invited for all or separate days. Tel: 061-962 1571 (eve) Mrs Brown.

**GLASGOW & 30 MILE RADIUS** - Experienced locum pharmacist available for days/weeks or long term. Call Naved on 041-649 9805.

**LONDON AREA** - Locum pharmacist available on short, long or daily terms. Tel: 081-992 7035 (eve).

**WEST MIDLANDS** - Experienced locum available for short or long term bookings. Tel: 0203 504155 for further information.

### BUSINESSES FOR SALE

**HEREFORD/GWENT BORDER** - Well established drug store in expanding picturesque village. One owner 40 years. House, shop building plot. Freehold. £190,000+SAV. Tel: 0981 240307 (eve).

### EXCESS STOCK

**TRADE LESS 30%+VAT+POST** - 5x105 Nicorette 4mg gum (exp 8/93); 14x56 Lopresoretic tablets. Tel: 0628 28277.

**LESS 40%+VAT+POSTAGE** - 9xColoplast MC2000; Colostomy Bags 5635; 11x28g Hollister Skin Gel 7916; 2xConvatec 5310 pouches; 2xSurgicare S239 flanges. Tel: 081-364 0250.

**TRADE LESS 30%+VAT** - 1 Norditropin Penset 24 (exp 7/93). To be collected or delivered by arrangement. Tel: 05623 25201.

**TRADE LESS 20%+VAT+POSTAGE** - 1x1000 Diumide-K (exp 4/94). 15x1ml Redepin inj 2mg; Sorbsan ribbon 40cmx3 boxes. Tel: 081-946 0543.

**TRADE LESS 50%+VAT+POSTAGE** - 100 Hydrea Caps 500mg; 73 Neulactil 10mg; 54 Molipaxin 50mg (exp 9/93); 20 Hytrin 2mg (exp 9/93); Mexitil 200mg caps. (exp 5/93). Tel: 0252-542807.

**TRADE LESS 50%+VAT+POSTAGE** - 297 Nutrizym GR Caps; 1x30 Conveen 5125; 20 Convatec S100; 98 Lederlen F; 459 Nozinan 25mg; 250g Pancrex V pdr; Convatec C S291x20; Convatec S279x10. Tel: 0786 816893.

**LESS 60%+VAT** - 4x28 Sotacor 80mg (exp 2/93); less 50% - 240 Suspend 3mg; 20 Suspend 2mg; 1x28 Tenoret 50; 4x40ml Ventolin Resp Solution. Tel: 0269 850302.

**TRADE LESS 30%+VAT** - 180 Provera 200mg (exp 8/94); 90 Tolectin 400mg (exp 10/94); 1x100 Lioresal (exp 11/94); 68 Fucidin tabs (exp 3/94); 100 Madopar Cr. Tel: 0285 651431.

**TRADE LESS 40%+VAT** - 4x20 Redifit WA-020-32K; 2x20 Amoxil Fztab 125mg; 3x28 Zestoretic; 3x28 Betaloc SA. Tel: 0933 312168.

**TRADE LESS 40%+VAT+POSTAGE** - Semitard mc 100iu/ml 6x10ml (exp 1/5/93); 1 x 100 Dantrium caps 25mg (exp

6/93); 1x25 Lanvis tabs 40mg (exp 11/93). Tel: 0205 310996.

**17 ZOFRAN 4MG** less 20%; also short dated (50%+p&p+VAT) 40 Rifinah 150mg; 80 Rifadin 300mg; 372 One-alpha 0.25mg; 73 Chloromycetin caps 250mg; 30 Rythmodan 100mg. Plus exchange lists. Tel: 061-790 2340 or Fax: 061-703 8282.

**TRADE LESS 50%+VAT+POSTAGE** - 9 x 100ml Neulactil forte syrup (exp 5/93); 2 x 22 Minilyn tabs (exp 11/93); 22 Suprax 200mg tabs (exp 4/95); 150 nicotinic acid 50mg tabs (exp 6/93). Tel: 0742 554361.

**TRADE LESS 50%+VAT+POSTAGE** - 4 x 30 Simcare EC1 colo 51mm 32-330-57. Tel: 081-399 4854.

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**TRADE LESS 30%+VAT+POSTAGE** - Biotrol 6 x 32-720, 3 x 34-635, 2 x 34-830, 2 x 32-625, 1 x 34-835. Trade less 50%+postage 50 gauze swabs 10 x 10 (100's). Tel: 09603 53253.

**TRADE LESS 50%+VAT+POSTAGE** - 3 x 42 Questran sachets (exp 6/93). Trade less 30%+VAT+postage - 6 x 42 Questran sachets (exp 6/94). Tel: 021-429 2815.

**TRADE LESS 50%+VAT+POSTAGE** - 4 x 5 Stomahesive wafers 10cm S100; 1 x 10 Stomahesive wafers+flange 45mm S241; 1 x 10 Ileadress bags 19mm S481. Tel: 0226 282532.

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**VICHY COSMETICS** - Over £340 retail value to clear at £100 inc VAT+postage. Tel: 0548 830215.

**LESS 30%+VAT+POSTAGE** - 3 x 0.25% Dithrocream (exp 8/93); 2 x Neo-Cortef e/e drops (exp 8/93); 2 x 1% Mydracyl (exp 5/93); 1 x Audicort drops (exp 3/93); 1 x Stiemycin solution (exp 4/93). Tel: 081-989 0070.

**HOLLISTER** - 3 X 4113, 3 X 4114, 2 X 4118, 2 X 2119, 1 X 3142. Trade less 50%+VAT+postage. Tel: 0742 344994.

**TRADE LESS 40%+VAT+POSTAGE** - 190 Uniparin inj 5000iu/ 0.2ml (exp 6/95); 10 x 10 x 1ml Stemetil inj 12.5mg (exp 7/97); 8 x 1 vial Solu-medrone inj 125mg (exp 7/94). Tel: 0268 583508.

**TRADE LESS 40%+VAT+POSTAGE** - Hollister 30 x 6.4cm 331-5; 2 x 100 Megace 40mg (exp 6/96); Vertigon spans 15mg x 60 (exp 5/93). Tel: 0222 731179.

**TRADE LESS 50%+VAT+POSTAGE** - 1 box 10 Conveen 5062 urine bags 90cm tube/1500ml (exp 2/95); 1 box 20 Regard 6132 sheaths 30mm; 2 boxes 10 Convatec Ileadress Plus 32mm drainage pouch 5413; Clinimed Biotrol stoma bags various quantities and sizes. Tel: 0892 525841.

**TRADE LESS 40%+VAT** - 40 Celance 1000mcg (exp 10/93); 338 Distamine 125mg (exp 8/94); 44 Corgaretic 40 (exp 8/93). Tel: 081-904 4197.

**19 PACKS TRINORDIOL** - 18 Voltarol gel; 20 packs Lomitol; 50 packs Ferrograd; 90 packs Ferrograd-folic; 14 packs Oruival; 80 packs Buscopan and others. Tel: 081-0478 1030.

**TRADE LESS 50%+VAT+POSTAGE** - 2 x 30 Hollister 3326; 2 x 10 Convatec Ileadress 38mm S855 + 1 x 10 19mm

S841; 7 x Foley, Argyle catheter 14cm 10mch, female. Tel: 0253 393378.

**TRADE LESS 50%+VAT+POSTAGE** - Catheters Simpla 14ch 10ml female (exp 7/93); 24ch 30ml, 18ch 10ml + Bard Uriscac 500ml + 750ml leg bags. Tel: 0253 28714.

**TRADE LESS 25%+VAT** - 175 Orimeten 250mg; Nicorette Plus 4mg; 60 Rehabin 100mg; 600ml Dyspamet; Humulin 5; 14 Cinobac 500ml. Tel: 0532 645123.

**TRADE LESS 50%+VAT+POSTAGE** - 112 Questran A (exp 3/95); 184 Questran (exp 2/96); 30 Colven sachets (exp 11/94). Tel: 081-521 5471.

**TRADE LESS 30%+VAT+POSTAGE** - 2 x 84 Catapres 300mg; 262 Aldactide 25mg; 6 x 28 Carace 5mg; 4 x 60 Gastrozepin; 1 x 100 Imuran 50mg; 7 x 5 Kelfizine W; 315 Sinemet Plus; 1 x 250 Transdate 400mg; 88 Danol 200mg. Tel: 09603 53253.

**EXTENSIVE LISTS** - Discounts from 50% - 20%. Tel: 0732 452452.

**30% OFF+VAT+POSTAGE** - 30 Moducen (exp 9/93); 28 Burine A (exp 9/93); 22 Ferrograd-folic (exp 7/93); 39 Meptid (exp 5/93); 4 Depo-medrone with lidocaine (exp 5/93); 55 Sorbitrate 20mg (exp 9/93); and many more. Tel: 0533 832140.

**TRADE LESS 50%+VAT+POSTAGE** - 4 x 50ml Sandimmun (exp 1/94); 5 x 30 Biotrol Elite 36-840; 3 x 30 Biotrol Integrale 32-450. Tel: 0858 462162.

**TRADE LESS 30%+VAT+POSTAGE** - 68 Endoxana 50mg (exp 5/93); 5 x Teoptic 2%; 2 x Teoptic 1%; 4 x Mydracyl 1% (all exp 5/93); 3 x Xylocaine 2% x 20ml. Tel: 081-989 0070.

**TRADE LESS 50%+VAT+POSTAGE** - Surgicare S353, 19 x 5; Surgicare S296, 3 x 30. Tel: 0904 410365.

**ZOVIRAX IV** - 250mg (exp 9/96); Zovirax IV 500mg (exp 9/96); Fucidin susp (exp 9/95). Trade less 30% P&P. Tel: 071-739 4723.

**TRADE LESS 40%+VAT** - 56 Stemetil 25mg tabs (exp 1/95); 50 Serenace 10mg (exp 4/94); 72 Suprax (exp 4/93); 100 Cycloserine 250mg. Tel: 071-724 8698.

**TRADE LESS 50%+VAT** - 6 x 1 litre Allerite; 78 Nelson's tabs plus stand; 16 Nelson's creams. Tel: 0642 314251.

**FIRST OFFERS ACCEPTED** for 10 Well-feron 3 mega units. Tel: 0708 220194.

**TRADE LESS 50%+VAT+POSTAGE** - 4 x 5 Stomahesive wafers S100; 1 x 10 Stomahesive flanges S241; 2 x 30 Biotrol post op bags 32-210. Tel: 0226 282532.

**TRADE LESS 50%+VAT** - 2 x 7 Iodosorb 3g sachets (exp 4/93). Tel: 081-888 3040.

**TRADE LESS 40%+VAT+POSTAGE** - 4 x 56 Pranoxen Continus 500mg; 1 x 105 Nicorette 4mg; Also 1 x 500 methylidopa 500mg (exp 4/93) £8. Tel: 0753 524137 (work).

**TRADE LESS 25%+VAT+POSTAGE** - 2 X 30G Propaderm ointment (exp 9/93); 100 Madopar caps 62.5mg (exp 5/93); 2 x 100g Topilar cream (exp 9/93). Tel: 0322 526470.

**TRADE LESS 40%** - 60 MST 100mg; 60 MST 60mg; 200 Epanutin infatabs; 30 Suprax tabs; 60 Fungilin lozenges; 7 x 36 Clinitest tabs; 50 Imuran 25mg; 1 Bac-troban ointment. (All expire 7/93). Tel: 0501 62274.

**ZOFRAN 8MG TABS** 3 x 10 (exp 4/95) 20% off trade+VAT+P&P. Tel: 0222 731179.

**TRADE LESS 20%+VAT+POSTAGE** - 9 X 50ml Stiedex lotion (exp 10/93). Tel: 081-876 4603.

**HOLLISTER OSTOMY BAGS** - Ref 4119, 4



x 30. Trade less 50%+VAT+postage. Tel: 0305 264101.

**RIFINAH 300MG** - 180 tabs (exp 9/96) - trade less 20%+VAT; 270 Imuran 50mg tabs (exp 9/97) UK stock - trade less 40%+VAT. Tel: 0652 32129.

**SURGICARE SYSTEM 2** - (Now Convatec) S240 x 11; Stomachic wafer+38mm flange. Offers invited for old stock. Tel: 0272 622632.

**SWAP** - Manrex excess metal files, pill packs, Medtime cards for foil roll and/or blisters. Tel: 0892 546565.

**LESS 40%** - 90 Stelazine spans 15mg; 63 spasmonal; 200 Coracten 20mg; 50 Bri-canykl; 128 Didronel; 60 Trilisate; 44 Pondicillin; 28 Hydergine 45mg. Tel: 0923 772017.

**IODOSORB 4** x 7 x 3g sachets (exp 4/93). Trade less 40%+VAT. Tel: 0323 720712.

**TRADE LESS 50%+VAT+POSTAGE** - 10 x 30 Hollister 3224. Tel: 0232 654054.

**TRADE LESS 50%+VAT** - Corwin (exp 5/93); Deponit 10 (exp 4/94). Tel: 0533 359120.

**6 VOLTAROL AMPS** 10 x 3ml. Trade less 50%+postage. Tel: 071-987 3493 Mr Birdi.

**TRADE LESS 30%+VAT** - 200 Mexitil 50mg (exp 5/94); 69 Kalten (exp 5/93); 28 Zestoretic (exp 4/93); 96 Cyclospasmol (exp 5/93); 59 Ledermycin 150mg (exp 10/94); 100 Tryptizol 75. Tel: 081-994 2447.

**TRADE LESS 50%+VAT** - 4 boxes Biotrol elite x 30 no 32-840; 1 x 15 Incare sheaths 26mm 9807. Tel: 0623 657827.

**ATROVENT UDV** 500mg/2ml 20 x 10; Comfeel 20cm x 20cm 4 x 5. Trade less 50%+VAT. Tel: 0922 405842.

**TRADE LESS 50%+VAT+POSTAGE** - 7 Simpla catheters female 12ch 10ml 3663. Tel: 0706 32916.

**TRADE LESS 30%+VAT** - Gyno-pevaryl 1 (exp 3/93); 45 Elantan 20mg (exp 4/93); 30 Sandiocal 1000mg (exp 4/93). Trade less 20% - 140 Hexopal forte (exp 8/94); 3 x 21 Cyclo-progynova 1mg (exp 7/93); 56 Negrarm 500mg (exp 7/93). Tel: 0792 892308.

**LOUIS MARCEL** - Hair remover and lighter-ener products. Assorted 70 item range, new and old packaging £120+VAT+ postage. Tel: 0792 892308.

**TRADE LESS 30%+POSTAGE+VAT** - 4g Poltrim eye oint (exp 4/93); Durabolin 25mg/ml 1 x 1ml amp; 172 Aspav tabs (exp 1/94). Less 50% - 8 x 2ml mag sulph injection (exp 4/95); Proluton Depot 250mg 1 amp (exp 8/93); Depixol 20mg 4 amps (exp 5/93). Tel: 081-684 1352.

**TRADE LESS 25%+VAT+POSTAGE** - 4 x Diflucan 200mg; 1 x Suprefact nasal spray; 5 x Vitalograph p/f std; 80 Orap 4mg; 48 Corwin (exp 6/93); 44 Selexid 200mg; 25 Dansac 22044-1300 and 32144-1310. Tel: 0737 813251.

**TRADE LESS 30%+VAT+POSTAGE** - 30 x 50g Traxam gel; 10 x 28 Pepcid 20mg tabs; 4 x 6 Imigran tabs; 3 x 30 Transderm-Nitro 5 patches. Tel: 021-554 6357.

**BUY OR SWAP** excess stock. Send your list to 10 High Street, Milborne Port, Sherborne, Dorset DT9 5AG. Tel: 0963 250259.

**EXCESS & SLOW ETHICALS** - Send me your list. Anything considered. Trade less 30%. Tel: or Fax: 0299 250028.

**TRADE LESS 50%+VAT** - 50 Maltrex tabs 10mg; 56 Hypovase 1mg tabs; 20 Ventolin nebules 2.5mg. Tel: 081-902 1674.

**TRADE LESS 30%+VAT+POSTAGE** - 30 Transderm-nitro 10 (exp 10/94); 90 Rheumox 600mg (exp 1/95); 56 Molipaxin 100mg (exp 4/96); 14 Zmnat 250mg (exp 10/94); 80 Tegretol retard 400mg (exp 6/94); 30 Faverin 100mg (exp 7/95); and others. Tel: 0594 542517.

**TRADE LESS 50%+POSTAGE** - 3 x 5 x 5 Gentican injectable 40mg/ml (exp 10/93). Tel: 0742 442121.

## FOR SALE

**PARK LABELLING SYSTEM** - Complete with Epsom printer. Full working order. Buyer to collect. £375.00 ono. Tel: 081-946 0543.

**HONDA ACCORD 2.0i** - Manual H(90). Red, Cruise, A/C, electric everything, FSH, extended warranty, stunning car - must sell. £9,000 ovno. Tel: 0753 692480.

**SHOP FITTINGS** - Including two counter units with front glass display; attractive illuminated baby unit wooden panelled adjustable glass shelves; illuminated shelving etc. Buyer collects. Tel: 021-556 1665.

**TILL AND COUNTER UNITS** - Counter 120 x 60cm with glass tank top and dividers; till unit 60 x 60cm. Surplus due to refit. Only three years old. Any reasonable offer. Swansea. Tel: 0792 405747.

**TEN COUNTER DISPLAYS** (Dollar Race) for sale due to refit. £100 each. 4 gondolas 3 metres long also at £100 each. Tel: 0858 467027.

**CANON FAX-80** - Perfect working condition. Cost £325. Price required £150. Buyer to collect. Tel: 061-273 1525.

**SECOND HAND** portable nebulizer for sale. Hardly used. £80 ono. Tel: 0628 21310.

**HONDA ACCORD 2.0i** - '90 (H), Red. ABS. PAS. C/locking. Cruise, air/con, electric everything. Stereo/cassette, alarm, warranty, FSH. 28,000 miles. Excellent condition. Must be seen. Bargain - £9,000. Tel: 0753 692480.

**COLLECTOR'S CAMERA CASES** - Braun Paxette; Kodak 67112 for Retinette (new in box); Kodak Brownie 8 field case 932 (new in box). Offers. Tel: 0509 890520.

**FOR ESCORT XR3i** - 'H' reg. Black. 24,000 miles. FSH. VGC. Fuel economy computer. Heated windscreen. Cosworth alloy wheels. Central locking with alarm. £5,500. No offers. Tel: 0895 444103.

**VW GOLF GTI** - 'F' reg. 5-door. Black. FSH. Excellent condition. £4,900. Tel: 0462 742250/742800.

**JIUNTER 701** - 23ft fin keel yacht trailer. Many extras. £4,250. Tel: 0254 832378.

**SHELVING 'ARNEG'** - 6 gondola and 13 wall units plus 2 corners. Two widths. Shelf dividers. £3,500 ono. 1M counter £250. Wooden dispensary shelving-34 shelves 39ins wide £500. Buyer collects. Tel: 0276 32395.

**TVR 350i CONVERTIBLE** - 'E' reg. Silver. Leather. Alarms, 'phone. 9 month MOT. £9,250. Tel: 0384 373072 Mark.

**PRIVATE CAR REGISTRATION NUMBER**- 111KCP. Offers invited. Tel: 081-657 0221.

**PHARMATON** - Skin activator; face clean; hair tonic; nail fit; royal bath. Tel: 0245 355509.

**ENTIRE PHARMACY FITTINGS** and fixtures for sale ie panel mirrors, glass shelves, showcases etc. Tel: 071-493 6133.

## WANTED

**SHOP FITTINGS REQUIRED** - Good condition, second-hand. Tel: 0285 651431.

**RICHARDSON PMR COMPUTER** - Tel: 0204 883220.

**LUXLINE SHOP FITTINGS** - Will collect. Tel: 081-364 0250.

**PHARMACIA BODY LOTION** - Do you have some on your shelves? Tel: 0296 23818.

**DISPENSING BALANCE** - Class B, to weigh to 60g. Must be in good working order. Tel: 051-236 0618.

**EMPATHY HAIR SPRAY** - and Delph lemon freshener. Please state quantity and price. Tel: 0582 490907.

**NOMAD CASSETTES** - required in good condition. Telephone with quantity and

price 0902 492986 (9am-7pm).

**CLASS B COARSE** weight lever balance. Weighing over 50g for ointment/cream. Tel: 0375 372821.

**FARLUTAL 500MG** - MC2000 (5945) bags wanted at trade less 50%+VAT. Tel: 0582 413781.

**CYMEVENE** ampoules wanted. Tel: 0273 682618.

**ANY 135-24 EXP FILMS** - at very cheap prices; Nomad systems or any other monitored dosage system. Tel: 081-567 0678 or 081-579 8066.

**WILL PAY 33%** for Provera 100mg; Soneryl; Creon; Pancrease; Maxepa liquid. Ring John on 0482 54260 Fax: 0482 501792 plus excess lists for swap with eg Losec less 10%. Also Flair spray.

**100 DIOCTYL TABS 100MG** - 48 thyroxine 25mg. Tel: 0632 862840.

**CREOSOTE BPC 1959** - Any quantity. Cost+postage paid. Tel: 0206 852965.

## ACCOMMODATION

**CABO ROIG (NEAR ALACANTI)** - Up-market luxury accommodation, sleeps

6-8 persons. Car park, swimming pool. Near beach. Golfers' paradise. £300/week. Tel: 0634 574114 or 081-892 1376.

**COSTA BRAVA** - Be cosseted, taken on tours, collected at airport, breakfasted, Barcelona - Roman Caralonia, fabulous eating, paint, dance. £395 per week for two. Interested? Private pharmacist at your service - Tel: 0923 265984 (eve).

**SOUTHERN FRANCE** - Between Mediterranean and Pyrenees. Family house in medieval village. Telephone pharmacist owner on (010 33) 68 24 76 03.

**CLOSE TO THE CHEVIOTS** and the beautiful unspoilt coast of Northumberland, near Holy Island - self-catering newly built centrally heated house (holiday accommodation). Sleeps 6+cot. Tel: 0282 445303 Ref 8388.

**ERDINGTON, BIRMINGHAM** - Flat to let. Fully furnished. Central heating. £75 pw plus bills. Tel: 021-382 0189.

**TORREMOLINOS, Costa Del Sol** - 2 bedroom apartment with pool. Available June 4-18 and Sept 17-Oct 1. £300 per fortnight. Tel: 0623 21820 (day) and 0623 754205 (eve/w/end).

## PLEASE MENTION "C&D BUSINESS LINK" WHEN RESPONDING TO ADVERTISEMENTS ON THIS PAGE

### IMPORTANT

Because demand for free Business Link entries exceeds the space available, subscribers are asked to comply with the 30-word limit. To avoid delay in publication, please ensure that brand and drug names have the correct spelling and that the text is legible.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to Chemist & Druggist. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form below.  
**EXCESS STOCK CAUTION:** Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers they must therefore satisfy themselves about product history, conditions of storage etc

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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To be included under section Heading .....

Signed..... Date .....



# Aboutpeople

## RPSGB awards two Charter silver medals

The Royal Pharmaceutical Society is to award two Charter silver medals this year.

They will go to Joan Greenleaf, who has been active in the NE Thames Regional Health Authority and the Guild of Hospital Pharmacists, and to Leslie Calvert, who has been active as a community pharmacist in the Yorkshire area as well as on his Family Health Services Authority and other bodies such as the National Pharmaceutical Association.

## A prisoner of conscience

Amnesty International is urging UK pharmacists to lobby for the release of Kenyan pharmacist John Makanga who, the organisation says, appears to be a prisoner of conscience.

He was beaten as he was arrested, without a warrant, on February 25 at his Kilimanjaro Pharmacy in the Hilton Hotel, Nairobi.

He appeared in a magistrate's court in Nairobi on March 1, apparently having suffered further beatings while in custody. He was charged with distributing seditious literature accusing the government of causing ethnic clashes in western Kenya. He was remanded in custody.

In early February, according to Amnesty, several people were killed and thousands driven from their homes in clashes between the locally dominant Kalenjin and the Kikuyu, regarded as opposition supporters in the recent elections.

Mr Makanga had visited the scene with Professor Wangari Maathai, a prominent government opponent. President Moi (who is a Kalenjin) publicly accused her of fanning earlier clashes. She is reportedly in hiding and there is concern for her safety.

Amnesty say this is an urgent appeal where it has to act rapidly. Details of the recommended action to take can be obtained from Amnesty International, 99 Rosebery Avenue, London EC1R 4RE (Tel: 071-814 6200).



Having spent three weeks earlier this year operating out of a Portakabin squeezed into an alley alongside his pharmacy, Belfast proprietor Terry Maguire was glad to see the builders out of the way and his £40,000 shop refit complete. While he was able to squeeze most of the dispensary stock into the temporary pharmacy, the counter lines filled three rooms back at his house. A lot of structural work was required on the premises just off the Falls Road, and while Dr Maguire says he hasn't seen a magical jump in sales since the pharmacy re-opened he describes it as a cost effective venture. There were "lots of unlooked for expenses" though, such as having to register the Portakabin and £300 for reconnecting the telephone. The only decent people, he says, were Pharmacy Mutual Insurance who waived an increase in premiums during the refit. The new look pharmacy has a consultation area off the main shopfloor

## Home win for Cardiff

Over 800 pharmacy students from all the schools of pharmacy in the UK and the Republic of Ireland attended the BPSA/PMI sports final in Port Talbot at the end of February.

According to BPSA sports officer Sharon Hart this makes the event the largest student gathering of its kind in Europe.

A highlight was a trophy from the International Pharmaceutical Students Federation, handed over by its president Peter Maag.

The host school of pharmacy, Cardiff, emerged as overall winners for the weekend, and were presented with the trophy by an old Cardiff student, Abercynon pharmacist Peter Jenkins. He delivered the welcome news that Pharmacy Mutual Insurance is to sponsor the event for the tenth time next year.

A record number of entries were received for the PMI "fun quiz", with two Bradford students — Tim Richards and Mark Waller — sharing the £100 first prize.

## Appointments

**Peter Marshall** MRPharmS has been elected chairman of Numark's retail advisory board. He succeeds Don Ross who has held the post since the board's inception in 1990. Mr Marshall is a partner in a pharmacy in Skipton, North Yorkshire. He is currently chairman of Yorkshire Regional Pharmaceutical Committee and secretary to the Bradford Branch of the RPSGB.

Reckitt & Colman Products have made two senior appointments to the UK pharmaceutical business unit. **Dr Alan Raymond**, who has worked for the company in Australia and the UK, becomes marketing director. **Dr Kevin McFarthing**, who joined from Serono at the end of last year, becomes development director. **Hugh Ure**, previously general manager, has recently moved to R&C's business in Sri Lanka.

After a review of operations, Lloyds subsidiary Martindale Pharmaceuticals announced the following senior appointments: **David West**, previously financial director, becomes managing

director; **Martin Saunders** becomes commercial director (he was formerly business development manager); and **Linda Ambrose**, who joined from Galxo in 1991, has been made operations director. The company's new Bampton Road facility is now fully validated and the appointments formalise a management structure that has been in control for a while.

Blow-fill-seal manufacturing specialist Waverley Pharmaceutical have appointed **Graham Wall** as their new managing director. He replaces Howard Rose who has left the company to take on a consultancy role with parent group Ivax.

The Office of Health Economics has announced that **Adrian Towse** is to succeed Professor George Teeling-Smith as director from mid-April. Mr Towse is a graduate of Keeble College, Oxford. Aged 35, he has latterly been working as a management consultant for Touche Ross. He has managed studies for the Department of Health, and

undertaken various projects for the ABPI and the European Commission. **Professor Teeling-Smith** has been appointed chairman of the Governors of BUPA Medical Research & Development Ltd.

Smith & Nephew Consumer Products have recently appointed **Goff Percy** as sales and marketing director. He rejoins the company from Neutrogena, having previously spent 10 years with the group in various marketing and sales roles.

**Clive Walker** has been appointed marketing director of Aromatherapy Products Ltd. He joined the company as marketing manager in 1989.

Sun Nutritional Inc have reorganised account management responsibilities. **Dawn Petch** has been appointed national account executive in charge of multiple grocers, chemists and national chemist wholesalers. **Nicola Southwell** becomes key account manager (north) and **Marc Burel** key account manager (south).



# What's the difference between off-take and take-off?



## The Bic Orange TV Campaign



The Bic Razor guru is back. And he's telling the UK market about Bic razors, in a major nationwide TV campaign that starts March 29th. Ordering enough Bic razors for demand could be an enlightened move. Because the moment that commercial hits the airwaves, sales are cleared for lift-off.



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No more hit and miss. Now with the added assurance of the Autodrop dispenser, Brolene eye drops will be a hit every time with your customers. Fitting easily onto the bottle, this simple applicator delivers the solution accurately and in the right measure whilst holding the eye open.

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**Active Ingredient** Propamidine Isethionate 0.1% w/v  
**• Indication** Treatment of minor eye infections • **Dosage** One or two drops into the affected eye(s) up to four times daily  
**• Contraindications** Hypersensitivity to ingredients  
**• Precautions** May cause blurring of vision on instillation. Patient should not drive or operate machinery until vision is clear. If no significant improvement occurs after 2 days or symptoms become worse discontinue use and consult physician. Eye Drops are unsuitable for use with hard or soft contact lenses. If pregnant or breast feeding use only if considered essential by physician.  
**• Side Effects** Hypersensitivity • **Presentation** 10ml bottle with autodrop • **Price** £3.35 (retail) • PL0012/5087R May and Baker, Dagenham, Essex, RM10 7XS

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